May 05, 2003 8:00 am Secretary of State

04-17-2003 90112 001 ***150.00

DOCUMENT # P02000132994 1. Entity Name BAFCO INVESTMENT CORPORATION 00000110 Principal Place of Business Mailing Address 4839 FOXRUN CIRCLE 4839 FOXRUN CIRCLE LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 02-0678587 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADEYEMO, ADENIKE Street Address (PO Box Number is Not Acceptable) 1003 CARLTON ARMS LAKELAND FL 33811 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE CR2E034 (10/02) NAME NAME OYELOWO, BABATUNDE AMOS STREET ADDRESS **4839 FOXRUN CIRCLE** STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-71P ABIOYE, ADEMOLA SAMUEEnange TITLE ☐ Delete TITLE ☐ Addition NAME ADEMOLA ABIOYE, SAMUEL NAME STREET ADDRESS STREET ADDRESS game padvess 134-27, 246 STREET CITY-ST-ZIP CITY-ST-ZIP **ROSEDALE NY 11422-1444** FEMI IN 136th Avenue IIILE Deleté TITLE ☐ Addition NAME NAME ABIOYE, FEM. STREET ADDRESS STREET ADDRESS 134-27, 248 STREET CITY-ST-ZIP ROSEDALE NY 11422-1444 CITY-ST-ZIP TITLE Delete -TITLE : ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Addition Channe NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-712 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other times empowered. SIGNATURE: 7-2640

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)