APPROVED AND FILED

07 NOV -8 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-9-07 RY

09212007 REIN-P CR2E098 (1/07)

2007 FOR PROFIT CORPORATION Amended AR ENT

DOCUMENT # P32967

1. Entity Name
RUPP FINANCIAL, INC.

Principal Place of Business	Mailing Address
1250 24TH ST SUITE 300 WASHINGTON, DC 20037 US	1250 24TH ST NW SUITE 300 WASHINGTON, DC 20037 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-1500397 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JRS MANAGEMENT COMPANY
5705 LAKE DRIVE
PANAMA CITY, FL 32404

7. Name and Address of New Registered Agent

Name Shiela Bond
Street Address (P.O. Box Number is Not Acceptable) 608 S. Tyndall Parkway
City Panama City FL Zip Code 32404

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 [signature] 10-5-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2008, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD RUPP, STEVEN 1250 24TH ST, NW, STE 700 WASHINGTON, DC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SUMNER, JOE D. 608 S. TYNDAL PARKWAY PANAMA CITY, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100112269321 11/14/07--01014--010 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 like empowered.

SIGNATURE: [signature] 11/5/07 202 223 8515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #