FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 12, 2001 8:00 am DOCUMENT # P9300076080 **Secretary of State** Beaux-Esprit GallExies 03-12-2001 90027 005 ***150.00 Principal Place of Business Principal Place of Business Malling Address
4424 Commons DR E 3A Destin FL 32541 D0024046 3. Mailing Address Same as Abore 2. Principal Place of Business Same as Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3263267 Not Applicable Zip Country Zip 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 64 8,5005 - NORRICGO miLTON FN 46742 3. 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 red agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Susaw GriFtith TITLE ☐ Delete TITLE Change Addition NAME NAME 3964 € 5005 STREET ADDRESS STREET ADDRESS HAMILTON IN 46742 CITY-ST-ZIP CITY-ST-ZIP V. PRES Delete Addition TITLE TITLE Change Rebecco Meyer 524 Norrieso Ra NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Destin FL 32541 Delete TITLE --- -- Ghange --- -- Addition --NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP hereby certify that the information supplied with this filing 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under orath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF FICER OR DIRECTOR

3.5-01 850-8372757
Date Daylime Priore #