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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995

DOCUMENT # P94000017715 (1)

1. RELIQUES, INC.

Principal Place of Business	Mailing Address
5970 SW 18TH ST. #137 BOCA RATON FL 33433	5970 SW 18TH ST. #137 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1994

3a. Date of Last Report: NONE

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: ✓ 65-0462031 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIEMENS, MELANIE J
5970 SW 18TH ST.
#137
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Typed or printed name of person signing) (NOTE: Registered Agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	Secretary ☐ Change ☒ Addition
1.2 NAME	SIEMENS, MELANIE J	1.2 NAME	Gervis, Elyse
1.3 STREET ADDRESS	5970 SW 18TH ST., #137	1.3 STREET ADDRESS	5970 SW 18th St #137
1.4 CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	Boca Raton, FL 33433.
2.1 TITLE		2.1 TITLE	☐ Change ☐ Addition
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	☐ Change ☐ Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	☐ Change ☐ Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	☐ Change ☐ Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that each of the corporate officers and directors named in this report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Melanie J. Siemens 1-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date

Melanie J. Siemens President

020030 CP