2001 UNIFOR BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P 4000020141 KKP - CHIPPEWA, INC. 04-30-2001 90399 023 ***150.00 Principal Place of Business Mailing Address 3030 HARTLEY RD. 3030 HARTLEY RD. STE 300 STE 300 12 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3233600 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FARRELL, MARK T Street Address (P.O. Box Number is Not Acceptable) 3030 HARTLEY RD. FARRELL, MARK T. 3020 HARTLEY ROAD STE 300 SUITE 100 **JACKSONVILLE, Fl 32257** Jacksonville FL 32257 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. 100 600 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change ☐ Delete TITLE PD NAME ROOD, JOHN D STREET ADDRESS 3020 HARTLEY ROAD STE 300 CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Change ☐ Addition TITLE

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete **VS** NAME NAME FARRELL, MARK T. STREET ADDRESS STREET ADDRESS 3020 HARTLEY ROAD STE 300 CITY-ST-ZIP CITY-ST-ZIP.", JACKSONVILLE FL 32257 Change Addition ☐ Delete TITLE NAME NAME SMITH, BERNARD E STREET ADDRESS STREET ADDRESS 3020 HARTLEY ROAD STE 300 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 Change ☐ Addition Delete TITLE TITLE \$ NAME NAME Í STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE TITLE 3 NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ih. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Mark T. Farrell

April 19, 2001

(904) 260-3030

Daytime Phone #