2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000078095 May 12, 2000 8:00 am Secretary of State 1. Entity Name LAINGCO, INC. 03-23-2000 90010 002 ***150.00 Principal Place of Business Mailing Address 1402 ASBURY WAY -1402 ASBURY WAY BOYNTON-BEACH FL 33420 BOYNTON BEACH-FL 32426 5629 US US Principal Place of Business
137 CREENDRIAR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0524441 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent LAING, TAMARA S 1402 ASBUBY WAY **BOYNTON BEACH FL 33426** 8. The above named entity submits this statement for the purp of changing its registered office SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! PEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE Addition Delete TETLE NAME LAING, TAMARA S NAME STREET ADDRESS 9527 IVANHUE AVE STREET_ADDRES CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** TITLE ☐ Addition Delete LAING, RODNEY J. NAME STREET ADDRESS 3327 IVANHOE AVE STREET ADDRESS CITY-ST-ZIP CiTY-ST-70 **BOYNTON BEACH FL** Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 13. Thereby certify that the information supplied with this filing does not of indicated on this report or supplier entitle report is true and accurate and the corporation or the receiver or trustee empowered to execute this. cealify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his 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 SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR

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