LUC UNIFURM BUSINESS KEPUKI (UBK) FILED DOCUMENT # P95000020336 May 13, 2002 8:00 am Secretary of State Simplicity Mortgage, Inc. 05-13-2002 90096 018 \*\*\*150.00 Mailing Address 1 Principal Place of Business 2. Principal Place of Business 3. Mailing Address 1213 Truman Ave 1213 Truman Ave. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent — — — <u>essica</u> Clack Street Address (P.O. Box Number is Not Acceptable)
1213 Truman Ave. City West 3*3040* 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. Dessica Clark Jessica Clark President

Sinnature typed or nunted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 4-25-02 HILE KOVA 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FEE(IS)\$ (150)00 П Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 President TITLE ☐ Delete TITI F Addition Jessica Clark NAME NAME STREET ADDRESS 1213 Truman Ave. STREET ADDRESS CITY-ST-ZIP Keywest FL 33040 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 ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS tity-st-zip CITY-ST-ZIP ÎITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZIP TITLE ☐ Delete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 617, 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. Jessica Clark President 4-25-02 305-296-826
GENERAL OFFICER OR DIRECTOR Davine Phone # SIGNATURE: 🚣