FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2002 8:00 am Secretary of State DOCUMENT # P95000029303 1. Entity Name 4-24-2002 90318 013 ***150.00 OPTIMUM INVESTIGATIONS AND PROTECTIVE SERVICES. INC. Principal Place of Business Mailing Address 1861 N. FEDERAL HWY. 1861 N. FEDERAL HWY. R0076288 STE 263 STE 263 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business Federal Huy3.. Mailing Address No Federal Hun 1450 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0653274 Neston Not Applicable Country 1),5.4 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent Name MCKINNON, FRANCOIS Street Address (P.O. Box Number is Not Acceptable) 600 NE 14 AVE. **APT 218** HALLANDALE FL 33009 8. The above named entity submits is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE ☐ Addition 1450 Zenith Way NAME MCKINNON, FRANCOIS R NAME STREET ADDRESS 600 NE 14 AVE APT 218 STREET ADDRESS Westm FL 33327 CITY-ST-ZIP HALLANDALE FL CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP == □ Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Detete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition

13. Thereby 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. Francois McKinnon

STREET ADDRESS CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP