1. Entity Name DIVERSIFIED TRADING INTERNATIONAL, INC. 09-13-2001 90003 046 *** \$50.00 Principal Place of Business Mailing Address 498 STATE ROAD 7 SUITE 100 FI. LAUDEROALE R. 33314 Principal Place of Business Suite 100 FI. LAUDEROALE R. 33314 Principal Place of Business Suite 100 FI. LAUDEROALE R. 33314 Principal Place of Business Suite 100 FI. LAUDEROALE R. 33314 City & State City & State A. FEI Number 65-0611915 Argued For North Application File Name and Address of Current Registered Agent North Address of New Registered Agent MERKIN, STEWART A 444 BRICKELL AVENUE, SUITE 300 MAMAI F. 33131 City FIL Zip Code 8. The above named onlife subminist this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signatur New or owner of which is statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signatur New or owner	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000075978 1. Entity Name DIVERSIFIED TRADING INTERNATIONAL, INC.						FILED Sep 13, 2001 8:00 am Secretary of State 09-13-2001 90003 046 ***550.00		
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SUITE 100 FT. LAUDERDALE FL 33314 2. Principal Place of Business 3.59 O. N.W. 54x 54x 62 Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State City & FL Zip Code Street Address of New Registered Agent FL Rowning Fig. Registered Agent City & FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Rowning Fig. Registered Agent required office or registered agent, or both, in the State of Fiorica. SIGNATURE Signature, Speed or printed name of registered agent and fire if applicable in a special printed agent and fire if applicable in a state in a special printed agent and fire if applicable in a special printed agent and fire if applicable in a state in a special printed agent and fire if applicable in a special printed agent and fire if applicable in a special printed agent and fire if applicable in a special printed agent and fire if applicable in a special printed agent and fire if applicable in a special printed agent and fire if applicable in a special printed agent and fire if applicable in a special printed agent and fire if applicable in a special printed agent and fire if applicable in a special printed agent and fire if applicable in a special printed agent and fire if applicable in a special printed agent and fire if applicable in a special printed agent and fire if applicable in a special printed agent and fire if applicable in a special printed agent and fire if applicable in a special printed agent and fire if applicable in a special printe	Principal Place of Bu	siness	Mailing Address						•
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City & State Country Street Address of New Registered Agent Name MERKIN, STEWART A 444 BRICKELL AVENUE, SUITE 300 MANIF L 33131 City Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code 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. Street Address (P.O. Box Number is Not Acceptable) FL Zip Code FL Zip Code The Street Address of New Registered Agent Address (P.O. Box Number is Not Acceptable) FL Zip Code FL Zip Code The Street Address of New Registered Agent Address (P.O. Box Number is Not Acceptable) FL Zip Code FL Zip Code The Street Address of New Registered Agent Address of New Registered Agent City FL Zip Code The Street Address of New Registered Agent Name City FL Zip Code The Street Address of New Registered Agent The Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FL Zip Code The Street Address of New Registered Agent The Street Address of New	3F0 - 11	Business Street	3. Mailing Address				T INDSTRUCT ISO SOUNDS HEILT DOUTH ONLY BOUST OUGH		
City & State Country S. Certificate of Status Desired S. R.75 Additional Fee Required Fee Required Fee Required Fee Required Fee Required Name MERKIN, STEWART A 444 BRICKELL AVENUE, SUITE 300 MIANI FL 33131 City FL Zip Code S. City FL Zip		3	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Secretary Secr	City & State	lile	City & State			4,	FEI Number 65-0611915		
MERKIN, STEWART A 444 BRICKELL AVENUE, SUITE 300 MIAMI FL 33131 City FL 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. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. City FILE NOW!!! FEE IS \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS OTY-ST-ZIP TITLE NAME SIRET ADDRESS OTY-ST-ZIP TITLE SIRET A	Figda	Country		Cour	ntry	5.	Certificate of Status Desired		
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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. SIGNATURE Signature, typed or pinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renutating) Part	444 BRICKELL A					ddress (P.O.	Box Number is Not Acceptable)		
SIGNATURE Signuture, typod or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when retrigitating) DATE	-				City		F	Zip Code	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE SOCHERMAN, GREGORY 4491 STATE ROAD 7, \$100 FT. LAUDERDALE FL 33314 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete Delete TITLE Delete	SIGNATURE								
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STREET ADDRESS

CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

☐ Change ☐ Addition

954-321-/600 Daytime Phone #

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-\$T-ZIP

CITY-ST-ZIP