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DOCUMENT# **P95000081861** May 24, 2000 8:00 am Secretary of State Entity Name I SYSTEMS, INC. 04-25-2000 90104 032 ***150.00 Mailing Address Principal Place of Business 1511C PENMAN RD. 1439 WENTWORTH AVE JACKSONVILLE BEACH FL 32250-3769 JACKSONVILLE FL 32259 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3345087 Not Applicable Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Dupree, Marvin V Street Address (P.O. Box Number is Not Acceptable) 1511-C PENMAN RD. JACKSÓNVILLE BEACH FL 32250 City Zìp 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. 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. CR2E034 (9/99) ☐ Change Addition TITLE ☐ Delete TITLE P. LEVON PENTECOST NAME NAME STREET ADDRESS STREET ADDRESS 1439 WENTWORTH AVE CITY-ST-ZIP JACKSONVILLE FL 32259 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE MARVIN V DUPREE NAME NAME STREET ADDRESS 1511-C PENMAN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL VP-MFG Addition Change Delete TITLE TITLE NAME RON SCHROER NAME 9614 RAGSDALE DR. STREET ADDRESS STREET ADORESS CITY-ST-ZIP JACKSONVILLE, FL. 32257 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delate ☐ Change ☐ Addition TIDE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this fling 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 supplieriental 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 receive this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR