DOCUMENT # P96000029110

COACHMAN INVESTMENTS, INC.

Principal Place of Business Mailing Address 18835 N.W. 23RD AVENUE 18835 N.W. 23RD AVENUE MIAMI FL 33056 MIAMI FL 33056 2. Principal Place of Business 3. Mailing Address ----Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BANKSTON, BETTY Street Address (P.O. Box Number is Not Acceptable) 18835 N.W. 23RD AVENUE MIAMI FL 33056 City 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 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE COACHMAN, MICHELLE NAME NAME 18835 N.W. 23RD AVENUE STREET ADORESS STREET ADDRESS MIAMI FL 33056 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE BANKSTON, BETTY NAME NAME 18835 N.W. 23RD AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33056 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition: Delete Change TITLE JITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby 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.