DOCUMENT # P96 000049247 1. Entity Name May 30, 2000 8:00 am PIGPEN LEASING CO. Secretary of State 05-30-2000 90417 028 ***150.00 Principal Place of Business 5492 DEER CREEK DRIVE ORIANDO, FLORIDA 32821 3. Mailing Address 2. Principal Place of Business SU92 DEER CREEK DRUG 5492 DEER CREEK DRIVE DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3383306 FLORINA Not Applicable OPLANDO FLORINA Country \$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 MARK R. BRANDT 5334 CENTRAL FLORIDA PARKWAY Sulte 173 () RUNDO FLORIDA 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing 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. 12. PRESIDENT + TREASURER MARK R. BRANDT PRESIDENT & TREASURER Addition BHF ☐ Defete TITLE Change Change MARK R. BRANDT NAME NAME 5492 DEER CREEK DRIVE 5334 CENTRAL FLORIDA PKWY #173 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P DRIANDO FLORING 32821 FLORIDA 32820 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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), 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.

4/27/00 407-317-4189