**ЕИОІТЭЙЯТЕМІ ТИАТЯОЧМІ** FILED 1. Entity Name Apr 03, 2006 08:00 AM RUNNING GATOR RANCH, INC. Secretary of State Mailing Address Principal Place of Business 1311 S VINELAND RD WINTER GARDEN FL 34787 4909 MASCOTTE EMPIRE ROAD WINTER GARDEN FL 34787 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-3388850 Not Applicable \$8.75 Additional Country Zip Country Zφ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBB, PAMELA M 1311 S VINELAND RD Street Address (P.O. Box Number is Not Acceptable) WINTER GARDEN FL 34787 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. I am familiar with, and accepthe obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) DALL FILE NOW!!! FEE IS \$150.00 8. Election Campaign Financing \$5.00 May € After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **OFFICERS AND DIRECTORS** 10. ☐ Change ☐ Addilio Delete BILE אכו TITE F NAME ROBB, PAMELA M NAME UNCUMU488993 STREET ADDRESS 1311 S VINELAND RD STREET ADDRESS CITY-ST-ZIP 04/17/06-800**28-**024 150.00 CITY-SI-ZO WINTER GARDEN FL 34787 Maiii. ☐ Deleto TITLE ☐ Change TITLE MAINE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change D Addin. TITLE NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIF CITY-ST-ZIP Change Addition ☐ Delete TISLE T)7) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change ☐ Addition TITLE Delete THEF MAME MAME STREET ADDRESS STREET AUDRESS C(TY-ST-20P City-St-Zip ☐ Change □ Additi-☐ Delete TIPLE

12. I hereby certify that the information supplied with the timing does not qualify for the exemptions contained in Section 119, Florida Statutes: I further certify that the information indicated on this report or supplemental report is five 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 tydatee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

name Street address

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CUTY-ST-ZYP

31/06 407 654 0464