FILED Apr 25, 2003 8:00 am § Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) D06000061200

Zip Country Zip Country 5. Certificate of Status Desired S8.75 Address of Rev Registered Agent For Required Registered Agent For Required Registered Agent RAVENSWICKE TERRACE Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2020 Fee will be \$550.00 Make Check Payable of Brida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE WAS SIRET ADDRESS COTY-51-2P CONTINUED CONTINUES CONT-51-2P CONTINUES COTY-51-2P CONT	1. Entity Nam	TION, INC.	1390			04-25-2003 90224 (
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City & State Country Country Country S. Certificate of Status Desired Series Address of Current Registered Agent 7. Name and Address of New Registered Agent Country Street Address (P.O. Box Number is Not Acceptable) City FL City The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a three collopations of registered agent. SIGNATURE Signature, fund or printed name of impassed agent and their applicable. POTE: Impatitive Agent signature required when required agent agent and their applicable. POTE: Impatitive Agent signature required when required agent age	2. Principal P	Place of Business	3. Ma	3. Mailing Address					
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Summer S	City & State	e	City	City & State			FEI Number 65-0321492	→	pplied For ot Applicable
GUMBINER, ROBERT 6061 RAVENSWICKE TERRACE DAVIE FL 33331 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. I am familiar with, and at the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2903 Fee will be \$550.00 Make Check Payable Agential Directors 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE VUMBINER, ROBERT GOST IN THE COMPANY OF PRESIDENT OFFICERS AND DIRECTORS IN 1 TITLE VUMBINER, ROBERT STREET ADDRESS CITY-ST-2P DAVIE FL 33331 THE OBERS STREET ADDRESS CITY-ST-2P THE NAME STREET ADDRESS CITY-ST-2P THE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE DELET TITLE D	Zìp	Country	Zip	ı	Country		Fee Required		
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Signature FILE NOW!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$550.00 Make Check Payable 4st Parida Delete 10.	~~~		المائد الميدي والمعالم	ಾಕ್ ಕ್ಷಮ್ಯ ಪ್ರಕ್ರಿಯ ಪ್ರಕ್ತಿಯ ಪ್ರಕ್ರಿಯ ಪ್ರಕ್ಷಿಯ ಪ್ರಕ್ರಿಯ ಪ್ರಕ್ರಿಯ ಪ್ರಕ್ರಿಯ ಪ್ರಕ್ರಿಯ ಪ್ರಕ್ರಿಯ ಪ್ರಕ್ರಿಯ ಪ್ರಕ್ಷಿಯ ಪ್ರಕ್ಷಿಯ ಪ್ರಕ್ರಿಯ ಪ್ರಕ್ಷಿಯ ಪ್ರಕ್ರಿಯ ಪ್ರಕ್ಷಿಯ ಪ್ರಕ್ತಿಯ ಪ್ರಕ್ಷಿಯ	Name	y 	P. C.	, 	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (MOTE: Registered Agent algorithme required when remasking) Signature, typed or printed name of registered agent and site if applicable. (MOTE: Registered Agent algorithme required when remasking) DATE				Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption does not qualify for the exempt	NAME STREET ADDRESS CITY-ST-ZIP			1.1990	NAME STREET ADDRESS CITY-ST-ZIP				☐ Addition

of the corporation or the receiver of trustee empowered to execute the 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 keeps overed.

SIGNATURE: