2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 21, 2001 8:00 am Secretary of State DOCUMENT # P96000065012 1. Entity Name JLH INTERNATIONAL OF FLORIDA, INC. 03-21-2001 90042 009 ***150.00 Principal Place of Business Mailing Address 3055 SOUTHEAST ST. LUCIE BLVD. 3055 SOUTHEAST ST. LUCIE BLVD. STUART FL 34997 STUART FL 34997 3. Mailing Address 2. Principal Place of Business 302 NE EDGEWATER 302 NE EDGEWATER Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0697558 Not Applicable TUART \$8.75 Additional 5. Certificate of Status Desired 4996 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HELD, JANET Street Address (P.O. Box Number is Not Acceptable) 302 NE EDGEWATER 3055 SOUTHEAST ST. LUCIE BLVD. STUART FL 34997 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 3-12-0 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 -: Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete NAME HELD, JANET L 302 NE EDGEWATER DR STREET ADDRESS STREET ADDRESS 3055 SOUTHEAST ST. LUCIE BLVD. CITY-ST-ZIP CITY-ST-ZIP STUART FL TITLE TITLE ☐ Delete NAME HELD, DONALD J NAME 2 NE EDBENATER TUART EL-349 STREET ADDRESS STREET ADDRESS 3055 SOUTHEAST ST. LUCIE BLVD. CITY-ST-ZIP CITY-ST-ZIP STUART FL -☐ Delete TITLE TITLE 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-ZIE CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-2IP 13. Thereby 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 snall 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.

SIGNATURE: Jane X. Held JANET L. HELD 3-12-01 561-232-2717

SUBMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Phone #