FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jun 02, 2000 8:00 am Secretary of State OCUMENT # 7960000 69601 **Entity Name** Inflowe luteriors, Inc 06-02-2000 90002 001 ***150.00 23373 Drujton Drive Boca Raton, FT. 33433 inicipal Place of Business Principal Place of Business 3. Mailing Address Same Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-069-1752 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NΑ 25573 Drayton Drive Bog Raton, FT. 35433 Street Address (P.O. Box Number is Not Acceptable) Zip Code FL . 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Delete 4ME NAME TREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TLE Delete NAME MF REET ADDRESS STREET ADDRESS CITY-ST-7IP TY-ST-7IP □ Delete Change ☐ Addition ME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition REET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-ST-ZIP Delete TITLE ☐ Change ☐ Addition ΠĒ ME NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP 3. 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.

ER OR DIRECTOR