DOCUMENT # P96000097285 1. Entity Name SOLANA TRADING OF FLORIDA, INC.

FILED Jan 16, 2001 8:00 am Secretary of State 01-16-2001 90043 044 ***150.00

Principal Place of Business

Mailing Address

1500 W ATLANTIC BLVD SUITE 209

POMPANO BEACH FL 33069

6568 N.W. 33RD AVE. BOCA RATON FL 33496

Suite, Apt. #, etc. Surre 209 City & State Vw Pono Beach F Boso Rote Country 3 3 0 0 1 6. Name and Address of Current Registered Agent HCRM CORP. 2200 CORPORATE BLVD., N.W. SUITE 401 BOCA RATON FL 33431 City 8. The above named entity submits this statement for the purpose of changing its registered Agent of the purpose of changing its registered Agent agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehistating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing	Appli Not A	ilied For Applicable ional
City & State W POND Country Zip 3 3 0 4 5 Certificate of Status Desired 6. Name and Address of Current Registered Agent HCRM CORP. 2200 CORPORATE BLVD., N.W. SUITE 401 BOCA RATON FL 33431 City The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refristating) DATE	8.75 Additional Representation	Applicable
Zip Country Zip Country 3 3 4 C 5. Certificate of Status Desired \$8 5 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Screen Address (P.O. Box Number is Not Acceptable) HCRM CORP. 2200 CORPORATE BLVD., N.W. SUITE 401 BOCA RATON FL 33431 City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	8.75 Additional Representation	Applicable
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O. This correction is eligible to estimate the leteratible.		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00		
	\$5.00	May Ro
Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution.	Added to	o Fees
(See criteria on back) Make Check Payable to Department of State	<u> </u>	
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DI		
Delete Line	Change [☐ Addition
NAME RHODES, GERALD L		
STREET ADDRESS 6568 N.W. 33RD AVE.		
CITY-ST-ZIP BOCA RATON FL 33496		
	Change (☐ Addition
NAME NAME		
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		
	Change . [□ Addition
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STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		
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TITLE L3 Delete TITLE L NAME NAME		
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CITY-ST-ZIP CITY-ST-ZIP		
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TITLE Delete TITLE	☐ Change [☐ Addition
NAME NAME		
STREET ADDRESS STREET ADDRESS		
CITY-ST-ZIP CITY-ST-ZIP		
13. 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 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	y that the info	ormation r 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 B		

Gerald Lithuder gon 3, 200