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REATA INVESTMENTS, INC.

Principal Place of Business

1000 BRICKELL AVENUE SUITE 900

MIAMI FL 33131

Mailing Address

1000 BRICKELL AVENUE

SUITE 900 MIAMI FL 33131

2.	Principal Pla	cg∙of Busir	ness	_	
1	Principal Pla	Kair	Vall	Aug	

3. Mailing Address

1000 Brickell Ave.

City & State Miam

3313

4. FEI Number

PERRONE, STEPHEN L.

6. Name and Address of Current Registered Agent

LS A

1000 BRICKELL AVENUE SUITE 900 920 **MIAMI FL 33131**

Name

us

Street Address (P.O. Box Number is Not Acceptable)

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

(See criteria on back)

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so:

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. P DT TITLE Delete TITLE REIK, JACQUELINE A NAME NAME 44 SHAW LANE STREET ADDRESS STREET ADDRESS FORT THOMAS KY 41075 CITY ST-ZIP CITY-ST-ZIP Perrone, Stephen L. Kinage | 1 TITLE ☐ Delete TITLE PERRONE, STEPHEN L NAME NAME 1000 BRICKELL AVENUE SUITE 900 STREET ADDRESS STREET ACCRESS CITY-ST-ZiP CITY-ST-ZIP **MIAMI FL 33131** MIAMI FL 33/3/ THE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C:TY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 eath; that I am an officer or director of the corporation or the receiver for 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 of the corporation or the receiver changed, or on an attachment with or trustee emi rith all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR