FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 07, 2000 8:00 am Secretary of State

02-07-2000 90044 042 ***150.00

DOCUMENT # P97000040923

INFINITY PROFESSIONAL SOLUTIONS, INC.

Principal Place of Business Mailing Address 615 NORTH HWY 17-92 615 NORTH HWY 17-92 DUULIJUU SUITE 105 SUITE 105 DEBARY FL 32713 **DEBARY FL 32713-2228** 2. Principal Place of Business 3. Mailing Address DO NŌT WRITE IÑ THIS ŠPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3445051 Not Applicable Zip Country Zíp Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DANNEL, JEFFERY C Street Address (P.O. Box Number is Not Acceptable) 615 N. HWY 17-92 SUITE 105 DEBARY FL 32713 Zip Code 3 a 7 l Cíty 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 red agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE DANNEL, JEFFERY C NAME NAME STREET ADDRESS STREET ADDRESS 350 GOLF BROOK CIRCLE #106 CITY-ST-ZIP CITY-ST-ZIF LONGWOOD FL 32779 Change Addition ☐ Delete TITLE TITLE PAGAN, LUIS A NAME NAME STREET ADDRESS 2021 BRIDGEVIEW CIRCLE STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ORLANDO FL 32824 TITLE Delete TITLE NAME Beauty Terrace STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS 108 Georgia CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE STREET ADDRESS STREET ADDRESS

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 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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIR

☐ Delete

Dagan, President 01/31/2000

Change

Addition