2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 797,000066165 Mar 04, 2000 8:00 am Secretary of State 1. Entity Nartré LAJ CO. 03-04-2000 90006 040 ***150.00 Principal Place of Business Mailing Address 340 S. Talm Ave. 340 S. Halm Ave Sarasota, FU34236 Sarasola FL3423 R0021661 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number No: Applicable Ζıρ Country 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 Lajoue, Robert E. Street Address (P.O. Box Number is Not Acceptable) 340 S. Pain Ave= +83 Sarasota FL 34236 Z:p Cage FI 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 Typec or printed name of registered agent and title if applicable If ICTE, Registered Agent signature required when reinstallings DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PT. Layou, Pictor/E Addition TITLE Change TITLE ☐ Delete NAME NAME 3405 Palm Avet 83 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP arasora ☐ Dalete ☐ Change Addition TITLE TITLE Layou, Iris R 3405. Falm Ave #83 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Lancaster, Kathrun NAME NAME 340 S Palm Ave STREET ADDRESS STREET ADDRESS 011 (-S1-ZIP CITY - 51 - ZIP Addition Change TITLE TITLE ajou Robert E 11 MATJE STREET ADDRESS STREET ADDRESS CITY - ST- ZIE CITY-ST-ZIP aras ota ☐ Addition Change TITLE HÍLE ☐ Delete NAME STREET ADDRESS CHEE, MININESS CITY-ST-ZIP ST ZIP Change Addition IIILÉ ☐ Delete NAME STREET ADDRESS Annuegg CITY-ST-ZIP ST-ZIP

15. 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.

1 Feb 1, 2000 (941) 365-2691