2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000075689 Aug 01, 2000 8:00 am Secretary of State 1. Entity Name R.G. NOVELLO, INC. 08-01-2000 90004 039 ***550.00 Principal Place of Business Mailing Address 4302 PINE STREET 4302 PINE STREET WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 2. Principal Place of Business 3. Mailing Address 80 CLARE SAMI DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Palm Applied For City & State City & State 4. FEI Number 65-0780418 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7: Name and Address of New Registered Agent --NOVELLO, RAYMOND G 4302 PINE STREET WEST PALM BEACH FL 33406 8. The above named entity submits this statement for the pulpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 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 TITI E ☐ Delete Lisa J Novello LISA J NOVELLO NAME NAME 1821 EVELGREEN Drive 4302 PINE ST STREET ADDRESS LAKE CLARKE Shores . FL 33406 W PALM BCH FL 33406 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE Raymond G. Novello RAYMOND G NOVELLO NAME

11. TITLE STREET ADDRESS CITY-ST-ZIP 1821 EVERGREEN DIVE STREET ADDRESS 4302 PINE ST STREET ADDRESS CITY-ST-ZIP W PALM BCH FL 33406 CITY-ST-ZIP 32406 Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 of 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.

SIGNATURE:

DENTIFICATION OF SIGNING OFFICER OR DIRECTOR

Date

Da