

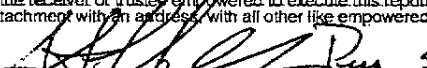


Apr 23, 2004 08:00 AM
Secretary of State

<div style="border: 1px solid black; padding: 5px;">DOCUMENT # P97000079974</div> <div style="border: 1px solid black; padding: 5px;">1. Entity Name BEL AIR PROPERTY MANAGEMENT & MAINTENANCE, INC.</div>		<div style="text-align: right;">Apr 23, 2004 08:00 AM Secretary of State</div> <div style="text-align: center;"></div>
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business P.O. BOX 212378 WEST PALM BEACH, FL 33421-2378</div><div>Mailing Address P.O. BOX 212378 WEST PALM BEACH, FL 33421-2378</div></div>		
DO NOT WRITE IN THIS SPACE		<div style="display: flex; justify-content: space-between;">04212004No Chg-PCR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between;"><div>4. EE# Number 65-0782866</div><div>Applied For <input checked="" type="checkbox"/> Not Applicable</div></div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>
6. Name and Address of Current Registered Agent FISHER, TODD 15704 73RD ST NORTH LOXAHATCHEE, FL 33470		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.		
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small></div><div>DATE</div></div>		
<div style="display: flex; justify-content: space-between;"><div>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</div><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div></div>		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;">U000000126698 04/23/04-80044-011 150.00</div> <div style="text-align: center; padding: 20px;">DO NOT WRITE IN THIS SPACE</div>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVST FISHER, TODD P.O. BOX 212378 WEST PALM BEACH, FL 334212378	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: </div><div>STERLING T. FISHER PRES 4/21/04 561 7849160</div></div> <div style="display: flex; justify-content: space-between; font-size: small;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div>		