changed, or on an attach

SIGNATURE:

P97000105707 DOCUMENT # 1. Entity Name RENE & ASSOCIATES, P.A. Principal Place of Business Mailing Address 11000 PROSPERITY FARMS ROAD 11000 PROSPERITY FARMS ROAD SUITE 104 SUITE 104 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address 550 HERITAGE 550 HERITAGE Suite, Apt. #, etc Suite, Apt. #, etc. Suite #180 SuitE City & State City & State 4. FEI Number TOPITER Jupiter Country Country 5. Certificate of Status Desired 33*45*8 33*45*8 USA vs46. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RENE, PETER R Street Address (P.O. Box Number is Not Acceptable) HOOD PROSPERITY FARMS ROAD 550 HERITAGE DRIVE SUITE 104 PALM BEACH GARDENS FL-33410 Jupiter, Fl. 33458 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DCPT DPST TITLE TITLE RENE, PETER R NAME PETER R. RENE 264 SUSSEX CIRCLE STREET ADDRESS 264 SUSSEX CIRCLE STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP JUPiter, FL, 33458 Delete TIT! F TITI F NAME RENE, PETER R NAME 6404 64TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.