FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State P97000106475 DOCUMENT # 1. Entity Name SKELTON, VON GOEBEN, BRYANT, PERKINS & BRYANT, P 05-06-2002 90160 002 ***150 00 Mailing Address Principal Place of Business 1320 THOMASWOOD DR. 1320 THOMASWOOD DR. TALLAHASSEE FL 22912 TALLAHASSEE FL-02012 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. - ---------------Applied For 4. FEI Number City & State 59-3483197 Please note zip code change Not Applicable 32308-7939 \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name BRYANT: G. DON N Street Address (P.O. Box Number is Not Acceptable) 1320 THOMASWOOD DR. TALLAHASSEE FL 32012 米 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Delete TITLE NAME BRYANT, G DON N NAME * Please note zip code change STREET ADDRESS 1320 THOMASWOOD DRIVE STREET ADDRESS 32308-7939 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL-02512 Addition TITLE Change □ Defete VΡ NAME NAME BRYANT, WILLIAM W M STREET ADDRESS STREET ADDRESS 1320 THOMASWOOD DRIVE CITY-ST-7IP TALLAHASSEE FL 32312 CITY-ST-ZIP Change Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET-ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN