FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 02, 2002 8:00 am⁵/₈ Secretary of State DOCUMENT # P98000020995 1. Entity Name 05-02-2002 90004 023 ***150 00 KENCO DEVELOPMENT, INC. Principal Place of Business Mailing Address 255 EAST DRIVE 255 EAST DRIVE MELBOURNE FL 32904 MELBOURNE FL 32904 2. Principal Place of Business alcorn Cir DO NOT WRITE IN THIS SPACE 1601 7001 4. FEI Number Applied For 59-3505591 Not Applicable \$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 ROSBOROUGH, KAREN 255 EAST DRIVE MELBOURNE FL 32904 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE (\$150.00) 9. This corporation is eligible to satisfy its Intangible -\$5:00 May Be _Tax filing-requirement and elects to do so = After May 1, 2002 Fee: will be \$550:00 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. CR2E034 (9/01) TITLE ☐ Delete Change NAME SAUNDRY, KENNETH P SR STREET ADDRESS STREET ADDRESS 255 EAST DRIVE CITY-ST-7IP CITY-ST-ZIP MELBOURNE FL 32904 TITLE ☐ Delete TITLE NAME SAUNDRY, KENNETH P JR NAME STREET ADDRESS STREET ADDRESS 255 EAST DRIVE CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32904** ☐ Delete TITLE ☐ Change ☐ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition 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.

SIGNATURE: