DOCUI 1. Entity Nam KORN KII	RT (UBR)	May 01, 2001 08:00 AM Secretary of State								
Principal Plac 5891 s MILITA LAKE WORTH 33463	ARY TRAIL	Mailing Address 2100 SOUTH OCEAN LANE UNIT 2006 FT. LAUDERDALE 33316		FL							
2. Principal P	lace of Business	3. Mailing Address 5891 S MILITARY TRAIL	•		-						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	Do	O NOT WRITE	E IN THIS SPA	ACE	–	
City & Stat	e	City & State		FL	1	Number 829711				oplied For	Ì
Zip	Country	Zip 33463	Country us			ificate of Statu	s Desired		3.75 Ad	ditional	-
	6. Name and Address of Current	Registered Agent			7. Naп	e and Addres	s of New Re		•		1
KORN 2100 S OCE UNIT 2006 FT. LAUDE		ı. L	L	Name Street Address	(P.O. Box I	Number is Not	Acceptable)				-
33316			- (City		-		FL	Zip Cod	- <u>.</u> le	-
8. The above	named entity submits_this statement fo	r the purpose of changing its i	registered (office or registe	red agent,	or both, in the	State of Flori	ida.			
SIGNATURE .	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE	Registered Ag	ent signature require	d when reinets	tina	-	05/01/2	001	<u></u>	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	I FEE IS	\$150.00 li be \$550.00	1	IO. Election Ca	ampaign Fina Contribution.	incing		May Be	
11.	OFFICERS AND	DIRECTORS	12.		ADDIT	IONS/CHANG	ES TO OFFIC	CERS AND D	RECTOR	S IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENE LOU 5121 PALM RIDGE BLVD DELRAY BEACH	☐ Delete FL 33484	TITLE NAME STREET A CITY-ST-			LOU DGE BLVD CH			Change	☐ Addition	E034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete , KORN NANCY S 2100 S OCEAN LANE UNIT 2006 FT LAUDERDALE FL 33316		TITLE NAME STREET A	ODRESS .					Change	☐ Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KORN DONALD L 2100 S OCEAN LANE UNIT 2006 FT LAUDERDALE	☐ Delete	TITLE NAME STREET A	DDRESS				<u>.</u>	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-				-] Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	· · · I		-	-		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	- ZtP					Change	☐ Addition	
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that mowered to execute this report a	IV eirinati ira	achail haua tha	come loca	all offoot on if on		مصما فمطقيطف		ar disastar	
SIGNAT	URE: DONALD L. KORN SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER O	R DIRECTOR		PT	05/0: Dat	1/2001 e	Daytır	ne Phone #		

Daytime Phone #