2007 FOR PROFIT CORPORATION

FILED Feb 26, 2007 8:00 am Secretary of State 02-26-2007 90056 038 ***150.00

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DOCUMENT # P98000046546 J & R PRINTING & GRAPHICS INC 40060101 Principal Place of Business Mailing Address 4068 4 FOREST HILL BLVD 4068 4 FOREST HILL BLVD WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 2628 Funest 1014 Blue Mailing Address 2. Principal Place of Business - No P.O. Box # 2628 FUNIST HILL 01292007 CR2E034 (12/06) Chg-P City & State Applied For 4. FEI Number 65-0837474 Not Applicable Country \$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 JACOBSON, TED Street Address (P.O. Box Number is Not Acceptable) 406-4-FOREST-HILL-BLVD WEST-PALM BEACH, Ft-33406 2628 Fonesi HILL CIWAST PALM BLY Zip Code 33406 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Change ___ Addition TITLE Delete TITLE JACOBSON, TED NAME NAME 2628 FOREST HILL BLUND 4068-4 FOREST HILL-BLVD 8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST-PALM BEACH, FL 33406 CITY-ST-7IP Change Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete 1ITE F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAM: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 address, with all other like empowered with an SIGNATURE: TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE ANI