

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000046832

1. Corporation Name OCOEE LAUNDRY, INC.

Principal Place of Business

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90031 007 ***150.00



Mailing Address 1221 EAST ROBINSON STREET 1221 EAST ROBINSON STREET ORLANDO FL 32801 ORLANDO FL 32801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/26/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For **59** -35 125 88 Not Applicable 11137 W. COLONIAL 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8:75 Additional 5. Certifcate of Status Desired П Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees OCOEE 28 23 Country Country Zip 8. This corporation owes the current year Intangible N/Yes ΠNo Personal Property Tax. 30 34761-2935 25 29 USA 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FONG. DAVID Street Address (P.O. Box Number is Not Acceptable) 82 1221 EAST ROBINSON STREET ORLANDO FL 32801 85 Zip Code RΔ City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition □ DELETE 1.1 TITLE TITLE WU. LISA 1.2 NAME Wu, Lisa NAME 1221 EAST ROBINSON STREET 1.3 STREET ADDRESS STREET ADORESS 3951 Mckinnon Road ORLANDO FL 32801 1.4 CITY-ST-ZIP FL 34786 CITY-ST-ZIP Windermere ☐ Change Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, oppn an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition

CR2E034 (11/98)