2000 UNIFORM BUSINESS CARGO DE DOCUMENT # P98000053287 FILED Yogi's Enterprises, Inc. of Fellsmere 00 APR 10 PM 1:49 SEGRETARY OF STATE TAULAHASSEE, FLORIDA Principal Place of Business Mailing Address 10950 S.R.512 Sebastian, FL 32958 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country 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 Nilesh Shastri (P.O. Box Number is Not Acceptable) 10950 SP. 512 Fellsmeie FL 32948 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 00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE Nilesh Shastri 700 Windchase Blud #712 200003225152---04/26/00--01078--003 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ****300.00 ****300.00 CITY-ST-ZIP Change : Addition ☐ Delete TITLE Alkesh S. Smaster NAME NAME 10950 S.R. 512 STREET ADDRESS STREET ADDRESS Sebastian, FL 32958 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attach address, with all other like empe SIGNATURE: ME OF SIGNING OFFICER OR DIRECTOR