SIGNATURE:

FILED Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P98000074988 1. Entity Name EVANS/7TH AVENUE CORP. 04-11-2001 90015 024 ***158.75 Principal Place of Business Mailing Address 9696 N.W. 7TH AVE 5005 STILLWATER TERR. MIAMI FL 33330 MIAMI FL 33150 2. Principal Place of Business 3. Mailing Address th AUC 61250 Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Surte 461 Suite City & State Applied For 4. FEI Number 65-0862394 Laurserace Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3330i 33**6**4 USA Fee Required 7. Name and Address of New Registered Agent _6. Name and Address of Current Registered Agent JAMOS D. EUNNS EVANS, JAMES D Street Address (P.O. Box Number is Not Acceptable) 6520 S.W. 134TH DR. MIAMI FL 33156 Surre 41 Zip Code City IT LAUDOEDALE 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 Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Change ☐ Addition TITI F □ Delete TITLE EVANS, JAMES D NAME STREET ADDRESS 6520 SW 134TH DR., DEVONWOOD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ☐ Delete TITLE AMARO, NICHOLAS NAME NAME 612 SE 5th AUE SUITE #1 STREET ADDRESS **5005 STILLWATER TERR** STREET ADDRESS Fr Lower Done, FL 33330 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE -Change Addition Delete MARIUN A. EVANS NAME NAME 6520 500 134th Delve MIAMI, FL 33156 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition JAMES D. EUNAS, JR NAME NAME 612 SE 5th Ave Suite #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUGSBALE, Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.