2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 17, 2000 8:00 am Secretary of State DOCUMENT # P98000093392 1. Entity Name CRAWDAD, INC. 07-17-2000 90080 003 ***550.00 Principal Place of Business Mailing Address 1890 JENSEN BEACH BOULEVARD 1890 JENSEN BEACH BOULEVARD JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 1949 JEWIEN Beach JENSEN BOL 34957 2. Principal Place of Business 3. Mailing Address 5 Ame Jensen Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 5-0958053 APPLIED FOR Applied For City & State A. FEI Number CONSEN 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 PTD TITLE Change ☐ Addition PTSVD TITLE ☐ Delete KREN, MARK J NAME NAME MARK KREN J STREET ADDRESS STREET ADDRESS 1890 JENSEN BEACH BOULEVARD 1949 JENSEN BCh. BOULE UMAN CITY-ST-ZIP CITY-ST-7IP JENSEN BEACH FL 34957 TENISEN BEACH FL 34957 ☐ Addition TITLE KREN, JOHN-Y-É NAME STREET ADDRESS STREET A 1890 JENSEN BEACH BOULEVARD CITY-ST-ZIP CITY-ST JEÑSEN BEACH FL 34957 Change ☐ Addition TITLE TITLE ☐ Delete NAME: -- -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attachment with an address, with all other like empowered.

Daytime Phone i

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR