FILED 2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P9800101090 ___ 04-17-2001 90166 024 ***150.00 KENNJOHN MANAGEMENT, INC. Mailing Address CHANGES 2001 Principal Place of Business CHANGES ZOO! 840 NW 73RD TEER 840 N.W 73RD TERZ. A0052277 PUNTATION , PC 333174 PLANTATION, FL. 33317 2. Principal Place of Business 3. Mailing Address 3235 Dumbee RUAS 3235 DUNDEE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE WINTER HAVEN, FLORIDA WINTERHAVEN, FLORIDA City & State City & State 4. FEI Number Applied For USA 33884 52-2150213 33884 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 Name CT CORPURATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAMA ROAS PLANTATION, FL. 33324 Zip Code FL 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 After MAY 1, 2001 Fee will be \$550.00 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 11. 12. PRESIDENT ☐ Delete TITLE NAME COSTEUD, MICHAEL 16228 ORCHARD VIEW CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP GANTHUSBURO, MS 20878 VICE PRESIDENT VICE PUES / SEER / THEASURE TITLE ☐ Delete TITLE COSTEUD, WILLIAM 840 N.W. 73 RD TERL COSTEUD, WILLIAM NAME NAME STREET ADDRESS 711 HERITAGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33317 WINTER HAVEN, FL 33881 Delete TITLE TITLE ☐ Change ☐ Addition COSTELLO, DIANE NAME NAME 840 N.W. 73RATERE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33317 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 addre

SIGNATURE:

MICHAEL L. COSTEUD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR