DOCUMENT # P9900005169 LYNX TECHNOLOGY, INC.		FILED May 15, 2000 8:00 am Secretary of State			
			Principal Place of Business	Mailing Address	04-04-2000 90033 004 ***150.00
			8626 GLENCAIRN TERRACE MIAMI LAKES FL 33016	8626 GLENCAIRN TERRACE MIAMI LAKES FL 33016-6464	
	_	क्षा क्षा क्षा का			
2. Principal Place of Business 14411 COMMERCE WAY	3. Mailing Address 14411 COMMERCE WAY				
Suite, Apt. #, etc. SuiTE 230	Suite, Apt. #, etc. SUITE 230	DO NOT WRITE IN THIS SPACE			
City & State	City & State	4. FEI Number Applied For			

44 Suite. A 5ui City & S MIAMI LAKES MAMI LAKES, FLA 65-0894165 Not Applicable Zip 3301 \$8.75 Additional 5. Certificate of Status Desired USA 33*016* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOMEZ, ALFREDO Street Address (P.O. Box Number is Not Acceptable) 8626 GLENCAIRN TERRACE MIAMI LAKES FL 33016 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 П 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. VICE PRESIDENT TITLE D **Addition** TITLE ☐ Delete Change JOHN P. LAMBERT NAME GOMEZ, ALFREDO NAME 14411 COMMERCE WAY, SUITE 230 8626 GLENCAIRN TERRACE- 144 11 COMMERCE WAY STREET ADDRESS STREET ADDRESS SUITE 230 MIAMI LAKES, FLA 33016 CITY-ST-ZIP CITY-ST-ZIP LAKES FLA VICE PRESIDENT MANUEL CASTRO Dele€33016 TITLE TITLE Change NAME NAME 14411 COMMERCE WAY, SUITE 230 MIAMI LAKES, FLA 33016 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE PRESIDENT Change ☐ Addition TITLE Delete ALFREDO GOMEZ 14411 COMMERCE WAY, SUITE 230 NAME NAME STREET ADDRESS STREET ADDRESS MIAMI LAKES FLA 33016 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 3016 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE TIT! F Change Delete Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICE