SIGNATURE

Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P99000009570 1. Entity Name V & V INNOVATING TECHNOLOGIES, INC. 01-18-2000 90090 004 ***150.00 Principal Place of Business Mailing Address 1530 NW 97TH AVENUE 1530 NW 97TH AVENUE PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33324-7438 3. Mailing Address 2. Principal Place of Business 1816 SW 101 18/16 51 DO NOT WRITE IN THIS SPACE Lity & State City & State Applied For 4. FEI Number 29 **6**1084 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MENDEZ, VICTOR Street Address (P.O. Box Number is No Acceptable 1530 NW 97TH AVENUE PEMBROKE PINES FL 33024 City (ame 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 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, 2000 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. Change Audition (66/6) TITLE ☐ Dalete TITLE MENDEZ, VICTOR NAME NAME 1816 SW IOI AVE 1530 NW 97TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P PEMBROKE PINES FL 33024 Delete TITLE Change . Addition TITLE MENDEZ, VIVIAN NAME NAME 18:16 EW 101 Ave 1530 NW 97TH AVENUE STREET ADDRESS STREET ADORESS CITY-ST-ZIP PEMBROKE PINES FL 33024 CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete 1.3 4 2.5 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change [] Addition ☐ 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 attachmen

President