DOCUMENT # P99000017639 May 24, 2000 8:00 am Secretary of State J. MERRILL'S COMMERCIAL FLOORING. INC. 04-24-2000 90129 018 ***150.00 Principal Place of Business Mailing Address 4123 COBIA STREET 4123 COBIA STREET PANAMA CITY FL 32408 PANAMA CITY FL 32408-4704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE) Number Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOOLSBY, LISA R Street Address (PO. Box Number is Not Acceptable) 1000 W. 11TH STREET PANAMA CITY FL 32401 City 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. (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, 2000 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 OFFICERS AND DIRECTORS 12 11. Treas CR2E034 (9/99) Delete TITLE ☐ Change Addition TITLE NAME R 60016by STREET ADDRESS STREET ADDRESS 4123 CODIA CITY-ST-ZIP FL 33404 CITY-ST-ZIP Panama City ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME J. Merrill Goolshy STREET ADDRESS STREET ADDRESS 4123 CODIA. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Dalete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP