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May 15, 2001 8:00 am Secretary of State DOCUMENT # **P99000021902** 05-15-2001 90024 008 ***150.00 **BBA ENTERPRISES INC** Mailing Address S SWAN ROAD 30623 SWAN ROAD 314440 SORRENTO FL 32776 SORRENTO FL 32776 2. Principal Place of Business 3. Mailing Address 30623 SWAN ROAM 30623 SWAN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City_& State 4. FEI Number Applied For 59-3564779 SERCENTE JURIOR CREENTO Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32776 451 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALKER, BILL Street Address (P.O. Box Number is Not Acceptable) 30623 SWAN ROAD SORRENTO FL 32776 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 again, 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. WALKER, GEERGE V.P., Change KAddition 31014 SWAN ROAD TiTi F Delete TETE F WALKER, BILL NAME NAME 30623 SWAN ROAD STREET ADDRESS STREET ADDRESS LURIDA 32776 JORR ENTO CITY-ST-ZIP SORRENTO FL 32776 CITY-ST-ZIP TITLE ☐ Delete TIT1.E ☐ Change ☐ Addition WALKER, EILEEN NAME NAME 30623 SWAN ROAD STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP SORRENTO FL 32776 CITY-ST-ZIP TITLE Delete TITLE Chance ☐ Addition HORN, JO C NAME NAME STREET ADDRESS 30824 SWAN ROAD STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP SORRENTO FL 32776 TITLE TITLE ☐ Delete ☐ Change ☐ Addition 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS

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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 OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: