FILED
Jun 04, 2001 8:00 am
Secretary of State
06-04-2001 90015 048 ***150.00

DOCUMENT # P99000022232

1. Entity Name: T. I. L. Consulting Inc.

Principal Place of Business | Mailing Address: PO Box 2251, Pompano Bch Fl 33061

2. Principal Place of Business
3. Mailing Address: 9850 Sunrise Lakes Blvd
Suite, Apt. #, etc: #209
City & State: Sunrise Fl
Zip: 33322 Country: USA

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65- ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: Jay Boardman
Street Address (P.O. Box Number is Not Acceptable): 9850 Sunrise Lakes Blvd #209
City: Sunrise FL Zip Code: 33322

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] 5/30/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. Hostwick Matthew, PO Box 2251, Pompano Bch Fl 33063 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9850 Sunrise Lakes Blvd #209, Sunrise Fl 33322 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: Matthew Hostwick 5/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #