FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2000 8:00 am Secretary of State DOCUMENT # P99000022295 LYNWOOD INVESTMENTS, INC. 04-27-2000 90034 026 ***150.00 Principal Place of Business Mailing Address 1134 GULF OF MEXICO DR., SUITE 302 4134 GULF OF MEXICO DR., SUITE 302 THIS THAT KEY FL 34228 LONGBOAT KEY FL 34228-2614 con74952 3. Mailing Address 2. Principal Place of Business 5448 DEFINER DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **CURTIS, TERENCE** Street Address (P.O. Box Number is Not Acceptable) 4134 GULF OF MEXICO DR., SUITE 302 LONGBOAT KEY FL 34228 JONEMBROOK City ORLANDO 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 DATE (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 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. ☐ Change Delete TITLE TITLE **CURTIS, TERENCE** NAME CURTS TERENCE NAME 2729 rETON STONE RUN 4134 GULF OF MEXICO DR., SUITE 302 STREET ADORESS STREET ADDRESS 32828-7919 CITY-ST-7IP OPLANDO CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Change ☐ Addition TITLE Delete TITLE lockes stown ROGERS, STEVEN NAME NAME 2710 FETON STONERUN 4134 GULF OF MEXICO DR., SUITE 302 STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP OPLANDO CITY-ST-ZIP Change TITLE TITLE Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

X 4/21/00
Date Davine Phone #