CR2E034 (9/01

Apr 11, 2002 8:00 am Secretary of State P99000030041 **DOCUMENT #** 1. Entity Name LAVENDER & LACE OF OKEECHOBEE. INC. 04-11-2002 90676 005 ***150 00 Principal Place of Business Mailing Address 202 N.E. SECOND STREET 202 N.E. SECOND STREET OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite: Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0913622 Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEWIS, KAREN M Street Address (P.O. Box Number is Not Acceptable) 202 N.E. SECOND STREET **OKEECHOBEE FL 34972** Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 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 ☐ Addition ☐ Delete TITLE TITLE NAME NAME Lewis, david a STREET ADDRESS 202 N.E. SECOND STREET STREET ADDRESS **OKEECHOBEE FL 34972** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME Lewis, Karen M

STREET ADDRESS 202 N.E. SECOND STREET STREET ADDRESS CITY-ST-ZIP **OKEECHOBEE FL 34972** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE 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 Change ___ Addition ☐ Delete TITLE TITLE 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: