SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P99000032182** Mar 24, 2000 8:00 am 1. Entity Name **Secretary of State** GLENWILLOW, INC. 03-24-2000 90065 022 ***150.00 Principal Place of Business Mailing Address 9150 STARPASS DR. 9150 STARPASS DR. JACKGONVILLE FL 33067-3936 JACKSONVILLE FL-32256 7535 N.W. 68th WAY 7535 N.W.684WAY PARKLANDIFL 33067 PARKLAND, FL 33067 2. Principal Place of Business 3. Mailing Address 7535 N.W. 684 WAY 1535 N.W.684 WAY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State PARKLAND PARKLAND FL 59-3568688 Not Applicable 3306° zip 330.67 Country Country \$8.75 Additional 5. Certificate of Status Desired BROWARD Fee Required BROWARD 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (NEW ADDRESS) MILLER, WILLIAM W Street Address (P.O. Box Number is Not Acceptable) 7535 N.W.684WAY -9150 STARPASS DR: JACKSONVILLE FL 32256 PARKLAND, FL Zio Code **3306** City PARK LAND FL 33067 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 WILLIAM W. MILLER-PRESIDENT 3-21-2000 (NOTE: Registered Agent agnature required PREMARIES ERED AGENT 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE TITLE WILLIAM W. MILLER NAME NAME 7535 N.W. 684 WAY STRFET ADDRESS STREET ADORESS PARKLAND, FL 33067 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE GERALDINE M. MILLER NAME NAME 7535 N.W. 68th WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARKLAND, EL 33067 CITY-ST-7IP Addition TITLE □ 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-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.