2000 UNIFORM BUSINESS REPORT (UBR)

May 15, 2000 8:00 am Secretary of State DOCUMENT # P99000038590 1. Entity Name VIEW PROPERTIES, INC. 05-15-2000 90077 001 ***300.00 Principal Place of Business Mailing Address 151 REGIONS WAY 151 REGIONS WAY SUITE 2-C SUITE 2-C DESTIN FL 32541 **DESTIN FL 32541-5107** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3 Not Applicable Country \$8.75 Additional Zia Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILKS, AMELIA D Street Address (P.O. Box Number is Not Acceptable) 151 REGIONS WAY SUITE 2-C DESTIN FL 32541 City 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 DATE Signature, typed or printed name of registered agent 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. S/7 Change Addition TITLE Delete TITLE AMELIA D. WILKS DAVIS, M.C. NAME NAME 151 Regions way, Ste. 2C STREET ADDRESS STREET ADDRESS 151 REGIONS WAY, SUITE 2-C Destin, FL 32541 CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 D/P **Change** ☐ Delete TITLE TITLE MC DAVID 151 REGIONS Way, Ste DC NAME NAME STREET ADDRESS STREET ADDRESS DESTIN, FL 32541 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF [] Change ☐ Addition Detete TITLE 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 ☐ Addition Change TITLE TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE: