SIGNATURE:

Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P99000061278 1. Entity Name INDEPENDENCE GROUP INTERNATIONAL, INC. 01-19-2000 90105 032 ***150.00 Mailing Address Principal Place of Business 3560 NORTHWEST 99TH AVENUE 3560 NORTHWEST 99TH AVENUE CORAL SPRINGS FL 33065-2832 CORAL SPRINGS FL 33065 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 465-6932836 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zi**35386**5 sistered office or registered agent, or both, in the State of Florida. bmits this statement for the purpose of changing its 8. The above named en SIGNA ered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 12. 11. CRZE034 (9/99) **PSD** Delete TITLE Change Addition TITLE NAME ALLEN, LYNDA S NAME 3560 NORTHWEST 99TH AVENUE STREET ADDRESS STREET ADDRESS CITY-SY-ZIE **CORAL SPRINGS FL 33065** CITY-ST-7IP ☐ Change ☐ Addition VTD ☐ Delete TITLE TITLE ALLEN, JAMES J NAME NAME 3560 NORTHWEST 99TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Change ☐ Addition ☐ Delete TITLE BITHE 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 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 qualities 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 w