2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000063699 May 08, 2000 8:00 am Secretary of State ANDY HSU RENTALS, INC. 05-08-2000 90098 009 ***150.00 Principal Place of Business Mailing Address 111 ALAN A DALE DR. 111 ALAN A DALE DR. NICEVILLE FL 32578-2107 NICEVILLE FL 32578 2. Principal Place of Business 3. Mailing Address 3585 Marvin Street S.E. MiraclE street Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3589713 Beach Not Applicable Fort Walton \$8.75 Additional 5. Certificate of Status Desired Santa Fee Required KALOOSA 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent ESQ WENTZ, AARON B WENTZ, AARON B Street Address (P.O. Box Number is Not Acceptable) 222 GOVERNMENT ST., STE. D NICEVILLE FL 32578 11 th Avenue Shalimar 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 SIGNATU (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 12. 11. ✓ Change Addition Delete TITLE TITLE HSU, LEE ING HSU. LEE ING add ress NAME STREET ADDRESS 3585 marvin street STREET ADDRESS 111 ALAN A DALE DR. CITY-ST-ZIP CITY - ST- ZIP Santa maria CA 93 455 NICEVILLE FL 32578 Change ☐ Addition ☐ Delete TITLE TITLE add ress HSU, Tung CHING NAME NAME HSU. TUNG CHING STREET ADDRESS 3585 marvin street STREET ADDRESS 111 ALAN A DALE DR. CITY-ST-ZIP Santa maria CA 93455 CITY-ST-ZIP NICEVILLE FL 32578 Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP