FILED May 22, 2000 8:00 am Secretary of State DOCUMENT # P9900065486 INVESTMENTS 2,000 GROUP, INC. 04.26.2000.00177.044.***1.50.00

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Signature Sign	Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.							
Some and Address of Current Registered Agent Street Address of Status Desired \$8,75 Asstational Fee Required	City & State		City & State	City & State							
SOMEILAN, JULIO C goods ABBOTT AVE #19 MAM BEACH FL 33141 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code STIGNATURE Specials lipsed or private save or requirement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FL DATE Specials lipsed or private save or requirement agent and live it excesses. (P.O. Box Number is Not Acceptable) PLE NOW!! FEE IS 3150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State SIGNATURE Specials lipsed or private save or requirement and elects to do go. (See oriforia on back) PLE NOW!! FEE IS 3150.00 Make Check Payable to Department of State Make Check Payable to Department of State SIGNATURE Specials lipsed or private save or requirement agent will be \$550.00 Make Check Payable to Department of State Make Check Payable to Department of State SIGNATURE Specials lipsed or private save or requirement agent will be \$550.00 Make Check Payable to Department of State Make Check Payable to Department of State SIGNATURE Specials lipsed or private save or requirement agent will be \$550.00 Make Check Payable to Department of State SIGNATURE Specials lipsed or private save or requirement agent will be \$550.00 Make Check Payable to Department of State SIGNATURE Specials lipsed or private save or requirement or private save or requirement agent or	Zip	Country Zip			ry		Certificate of Status Desired S8.75 Additional				
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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. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. SIGNATURE 9. This corporation is digitale to satisfy its inxangible After MAY 1, 2000 Fee will be \$550.00 Make Check Payalist to Department of State 11. OFFICERS AND DIRECTORS IN 11 THE NAME SIRES ADDRESS OITY-SI-2P THE					Name	· · · ·			· · · · · · · · · · · · · · · · · · ·		
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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	MAIM	I BEACH FL 33141		-	City				Zip Code		
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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				CIT	Y-\$T-ZIP						
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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.

CNATIBE:

Julio C. Someillan

4/2,/30

2017-7647-7777

SIGNATURE:

305-864-748C