2000 UNIFORM BUSINESS REPORT FILED Jun 06, 2000 8:00 am Secretary of State DOCUMENT # P99000068253 Strate of MARLEY INVESTMENTS, INC. 05-08-2000 90028 009 ***150.00 Principal Place of Business Mailing Address 化设置 建筑 133 S.W. 120TH WAY 133 S.W. 120TH WAY CORAL SPRINGS FL 33071'8033' CORAL SPRINGS FL 33071 SAM5 Principal Place of Business 3. Mailing Address 3.5W 120 33 5W Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For FEI Number City & State 05-09 Not Applicable \$8.75 Additional ountry 5: Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARLEY, JULIE Street Address (P.O. Box Number is Not Acceptable) ^{≞≟} -¹133-\$.W.-120TH-WAY Zip Code City 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 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 filling 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. *** CR2E034 (9/99) □ Addition Change ☐ Delete TITLE JULIE MARLEY NAME NAME STREET ADDRESS STREET ADDRESS 301 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition □ Delete 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 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE: