6/2 **FILED** Sep 13, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000073831 09-13-2001 90006 028 \*\*\*400.00 COURNOYER PAINTING COMPANY, INC. 06-22-2001 90003 025 \*\*\*150.00 Principal Place of Business Mailing Address 1216 THOMASINA 1216 THOMASINA DAYTONA BEACH FL 32119 DAYTONA BEACH FL 32119 2. Principal Place of Business 3. Mailing Address 326 /2 Big True 326 /2 Big There Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3590430 Daytons South South Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32119 VOLUSIA VOLUSÍA Fee Required and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELUS, ALLEN Street Address (P.O. Box Number is Not Acceptable) 435 S. RIDGEWOOD AVENUE, #210 DAYTONA BEACH FL 32114 City Zip Code FL 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (10/00) ☐ Change ☐ Addition TITLE Delete TITLE COURNEYOR, KEVIN NAME NAME STREET ADDRESS 1218 THOMASINA DRIVE STREET ADDRESS CR2E034 CITY-ST-ZIP PORT ORANGE FL 32119 CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS - CiTY-ST-ZiP-CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P TITLE Channe Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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: 4

904-304-7137