2000 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2000 8:00 am Secretary of State DOCUMENT # 00008133.9 1. Entity Name Country Cottage Roof, Inc. 04-22-2000 90088 050 ***158.75 Principal Place of Business Mailing Address Principal Place of Business Cannon Creek Center Rd Rt. 100Box1596 Suite, Apt. #, etc. Cannon Creek Ind. Park Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Lake City, Florida 4.55 NS555744 Applied For Lake City, Florida Not Applicable ^{Zip} 32025 Country Country \$8.75 Additional 5. Certificate of Status Desired USA 32025 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C. Holt Smith, III Blackstone Building Street Address (P.O. Box Number is Not Acceptable) 233 East Bay Street, Suite 930 Jacksonville, Florida 32202 Zip Code City 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 DATE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. DC Addition ☐ Delete TITLE TITLE Cooke, Gary D. NAME NAME Little Rd. & Glenwood Circle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lake City, Florida Change Delete TITLE Huber, Barry R. NAME STREET ADDRESS Glenwood Circle STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lake City, Florida ☐ Change ☐ Delete TITLE NAME NAME Huber, Abram STREET ADDRESS STREET ADDRESS Glenwood Circle CITY-ST-ZIP CITY-ST-ZIP Lake City, Florida TITLE ☐ Delete TITLE ST NAME NAME Carrender, Luke W. STREET ADDRESS STREET ADDRESS Erin Lane, Southwood Meadows CITY-ST-ZIP CITY-ST-ZIP Lake City, Florida ☐ Change Addition ☐ Delete TITLE TITLE 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

SIGNATURE: Supe W, Covend Treasurer April 13, 2000 904-752-4502

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.