. 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # P99000087296 1. Entity Name KINDRED SPIRIT, INC. 05-04-2001 90156 043 ***150.00 Mailing Address Principal Place of Business 555 CARIBBEAN DR. E. - P.O. BOX 4340 KEY-WEST FL 33041 SUMMERILAND KEY-FL-99042 3. Mailing Address 2. Principal Place of Business 1204 Simonton Street 1204 Simonton Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0953088 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33040 33040 Fee Required Monroe Monroe 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name GARDINER, KAREN R. Street Address (P.O. Box Number is Not Acceptable) 555 CARIBBEAN DR. E. SUMMERLAND KEY FL 33042 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition □ Delete TITLE TITLE EVERMAN, KELLY A NAME NAME STREET ADDRESS 1014 SEMINARY ST UPSTAIRS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 Change ☐ Addition ח ☐ Delete TITLE TITLE GARDINER, KAREN R NAME NAME 555 CARIBBEAN DR. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SUMMERLAND KEY FL 33042 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Karen P. Gardiner

4/27/01

305-296-1515