May 01, 2002 8:00 am Secretary of State 2002 Uniform Business Report (UBR) DOCUMENT # P99000093098 1. Entity Name 03-27-2002 90081 039 ***150.00 CHINA HOUSE OF QUINCY INC. Principal Place of Business Mailing Address 119 W JEFFERSON ST \$390 PEDRICK CROSSING DR. QUINCY FL 32351 PALLAHASSEE FL 02811 2. Principal Place of Business 3. Mailing Address W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MW C) 59-3563142 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHENG HAI YUANU 5399 PEDRICK CROSSING OR 6N-PIN4 Street Address (P.O. Box Number is No TALLAHASSEE FL 32311 MANUAL BUNCY Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, SIGNATURE Signature, typed or printed na (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State -11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change CR2E034 (9/01) ☐ Addition MAME CHENG, HA NAME STREET ADDRESS 5399 PEDRICK-PROSSING DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32311 CITY-ST-ZIP Delete IIII CALARA F 12 7 2 2 1 TITLE ☐ Change ☐ Addition NAME SESSIONESS ROOT WENDY 5399 PEDRICK CROSSING DR NAME STREET ADDRESS CITY-ST-ZIP TAHTAHASSEE FL 32311 CITY-ST-7IP TITLE ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS QIX SI JII. CITY-ST-7IP MEN AND SON OF FOR THE DOMESTING r TITLE ☐ Change ☐ Addition NAME

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPE NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

4

FILED