Amended 2010

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
10 SEP -2 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000094405

1. Entity Name
MENDIVE INVESTMENT GROUP, INC

Principal Place of Business	Mailing Address
4601 NW 199 St Miami, Fl 33055	SAME

2. Principal Place of Business	3. Mailing Address
Same as above	3130 SW 109 Ct
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State: Miami, Fl
Zip / Country	Zip: 33165 / Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0955928 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AG Corporzate Services, LLC 5805 Blue Lagoon Dr, # 200 Miami, Fl 33126	Name: Anselmo M Mendive Street Address (P.O. Box Number is Not Acceptable): 4605 NW 199 Et City: Miami FL Zip Code: 33055

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X Anselmo M Mendive — Sept 1/10

Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

[illegible] FILE NOW!! FEE IS $150.00 [illegible]
[illegible] After May 1, 20[illegible] Fee will be [illegible]
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC Anselmo M Mendive 3130 SW 109 Ct Mami, Fl 33165 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD YIN H MENDIVE GARCIA 6555 MW 36 St, # 114 ~~Virginia Cardens, Fl 331166~~ XX☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500185014735 09/02/10--01035--002 **61.25
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQ[illegible] Anselmo M Mendive — Sept 1/ 2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #