DOCUMENT # P99000102105 FILED 1. Entity Name Jan 16, 2001 8:00 am Secretary of State COUNTY LINE AUTO REPAIR INC. 01-16-2001 90054 037 ***158.75 Principal Place of Business Mailing Address 15526 COUNTY LINE ROAD 15526 COUNTY-LINE-ROAD SPRING HILL FL 34610 SPRING HILL FL 34610 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 15526 COUNTY LINE RO 15526 COUNTY LINE Rd Applied For City & State 4. FEI Number 59-3614049 SPRING HILL SPRING Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HMARSINGH AMARSINGH, MOTEELALL Street Address (P.O. Box Number is Not Acceptable) 12402 EVERARD DRIVE SPRING HILL FL 34609 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 (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 CR2E034 (10/00) TITLE Addition TITLE ☐ Delete AMARSINGH, MOTEELALL NAME NAME STREET ADDRESS STREET ADDRESS 12402 EVERARD DRIVE CITY-ST-ZIP SPRING HILL FL 34609 CITY-ST-7IP 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-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE 🤝 Delete TITLE ☐ Change ☐ Addition 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 impowered.

POTEE LALL AMARSINGH