FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State S05023 DOCUMENT # LEVITT REALTY SERVICES. INC. 05-01-2002 91562 004 ***150.00 Principal Place of Business Mailing Address 6550 HUNTINGTON LAKES CIR. 6550 HUNTINGTON LAKES CIR. #104 #104 NAPLES FL 33999 NAPLES FL 33999 3. Mailing Address 2. Principal Place of Business 7777 GLADES RD # 410 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3032011 Not Applicable BOCA RATON \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. Glades Road, Suite TALLAHASSEE FL 32301 8. The above named onthe subplits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed o After May 1, 2002 Fee will be \$550.00

Make Check Rayable to Department of State 9. This corporation is eligible to satisfy its Intangib 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITLE TITLE HOYOS, JEFFERY WEST, ALFRED MAME NAME 7777 GLADES RD. # 410 6550 HUNTINGTON LAKES CIR #104 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33434 CITY-ST-7IP NAPLES FL 34119 CITY-ST-ZIP ☐ Change ☐ Addition VS ☐ Delete TITLE TITLE NAME SHAW, JAMA NAME 6550 HUNTINGTON LAKES CIR #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-7IP ☐ Change ☐ Addition Delete WEST, ALFRED G NAME NAME STREET ADDRESS 7777 GLADES RD, STE 410 STREET ADORESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete 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 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 atta ith an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF