2000 UNIFORM BUSINESS REPORT (UBR) Feb 04, 2000 8:00 am **DOCUMENT # V06970** Secretary of State NEW RESOURCES INVESTMENT COMPANY, INC. 02-04-2000 90072 045 ***150.00 Principal Place of Business Mailing Address 7910 MCLAURIN RD., NORTH 7910 MCLAURIN RD., NORTH JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3102827 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7... Name and Address of New Registered Agent~ 6. Name and Address of Current Registered Agent Name LAM, JUDY Street Address (P.O. Box Number is Not Acceptable) 7910 MCLAURIN RD N JACKSONVILLE FL 32256 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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. ☐ Change Addition Delete TITLE TITLE NAME LAM, JUDY NAME STREET ADDRESS STREET ADDRESS 7910 MCLAURIN RD., NORTH CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition* Delete - -TITLE TITLE _ -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change 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-ZIE CITY-ST-ZIP

13. Thereby 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:

Judy C. Xu. JUDY C. LA

1-28-00

Daytime Pt