FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 02, 2001 8:00 am Secretary of State **DOCUMENT # V29719** J. BENNETT GROCOCK, P.A. 03-02-2001 90099 018 ***150.00 Principal Place of Business Mailing Address 126 E. JEFFERSON ST 126 E. JEFFERSON ST ORLANDO FL 32801 ORLANDO FL 32801 723347 US 2. Principal Place of Business 3. Mailing Address 205 E. Central Blvd. 205 E. Central Blvd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 601 Suite 601 4. FEI Number Applied For 59-3119597 Not Applicable Orlando, FI Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32801 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name J. Bennett Grocok Street Andress (P.O. Box Number is Not Acceptable) GROCOCK, J. BENNETT 126 E. JEFFERSON ST. 205 E. Central Blvd. ORLANDO FL 32801 Suite 601 Zip Code 32801 Orlando, 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 > J. Bennett Grocock, President sector printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Addition ☐ Delete Change TITLE J. Bennett Grocock NAME GROCOCK, J. BENNETT STREET ADDRESS STREET ADDRESS 205 E. Central Blvd., Suite 601 126 E JEFFERSON ST CITY-ST-ZIP CITY-ST-7IP Orlando, FL 32801 ORLANDO FL ☐ Delete Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

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 cirector 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Bennett Grocock, President

Daytime Phono #