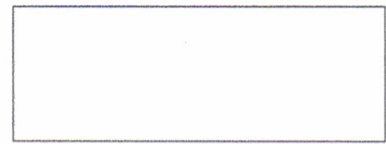


OFFICER CHANGE
SHARPLES SUPERANNUATION PTY LTD
ACN 065 750 138



Trace Number 2011289395

Form 484
Corporations Act 2001

Change to company details

Sections A, B or C may be lodged independently with this signed cover page to notify ASIC of:

- | | | |
|---|---------------------------------|---|
| A1 Change of address | B1 Cease company officeholder | C1 Cancellation of shares |
| A2 Change of name - officeholders and proprietary company members | B2 Appoint company officeholder | C2 Issue of shares |
| A3 Change - ultimate holding company | B3 Special purpose company | C3 Change to share structure |
| | | C4 Changes to the register of members for proprietary companies |

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

Company details

Refer to guide for information about

Company name	<input type="text" value="SHARPLES SUPERANNUATION PTY LTD"/>
ACN/ABN	<input type="text" value="065 750 138"/>
Corporate key	<input type="text" value="69494883"/>

Lodgement details

An image of this form will be available as part of the public register.

Who should ASIC contact if there is a query about this form?		
ASIC registered agent number (if applicable)		
<input type="text" value="2358"/>		
Firm/organisation		
<input type="text" value="MARSH TINCKNELL"/>		
Contact name/position description	Telephone number (during business hours)	
<input type="text" value="TANYA-LEE POHE"/>	<input type="text" value="(07) 3422-8000"/>	
Email address (optional)		
<input type="text" value="TANYAP@MTACCOUNTANTS.COM.AU"/>		
Postal address		
<input type="text" value="PO BOX 83"/>		
Suburb/City	State/Territory	Postcode
<input type="text" value="MOUNT GRAVATT"/>	<input type="text" value="QLD"/>	<input type="text" value="4122"/>

Signature

This form must be signed by a current officeholder of the company.

I certify that the information in this cover sheet and the attached sections of this form are true and complete.	
<input type="text" value="NORMAN GEORGE SHARPLES"/>	
Capacity	
<input checked="" type="checkbox"/>	Director
<input type="checkbox"/>	Company secretary
Signature	
<input type="text"/>	
Date signed	
<input type="text"/>	

Lodgement

Send completed and signed forms to:
Australian Securities and Investments Commission,
PO Box 4000, Gippsland Mail Centre VIC 3841.

Or lodge the form electronically by visiting the ASIC website
www.asic.gov.au

For more information

Web www.asic.gov.au
Need help? www.asic.gov.au/question
Telephone 1300 300 630

B2 Appoint company officeholder

Use this section to notify appointment of a company officeholder. You need to notify details separately for each new officeholder.

Role of appointed officeholder

Select one or more boxes

- Director
 Secretary
 Alternate director

Date of appointment

Date of appointment

/ /
[D] [D] [M] [M] [Y] [Y]

Name

The name of the appointed officeholder is (provide full given names, not initials)

Family name

Given names

Date of birth

/ /
[D] [D] [M] [M] [Y] [Y]

Place of birth (town/city)

(state/country)

Former name

Eg change by deed poll or marriage

Their previous name was (provide full given names, not initials)

Family name

Given names

Residential address

The residential address of the appointed officeholder is

Street number and Street name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

If an 'Alternate director', for whom

Note:

Where an Alternate director is appointed, please attach the terms of appointment to this change form. (Refer to the guide for annexure requirements)

The appointed 'Alternate director' is alternate for (person alternate for)

Family name

Given names

Expiry date (if applicable)

/ /
[D] [D] [M] [M] [Y] [Y]

Alternate director terms of appointment attached

B2 Appoint company officeholder

Use this section to notify appointment of a company officeholder. You need to notify details separately for each new officeholder.

Role of appointed officeholder
Select one or more boxes

- Director
 Secretary
 Alternate director

Date of appointment

Date of appointment

/ /
[D] [D] [M] [M] [Y] [Y]

Name

The name of the appointed officeholder is (provide full given names, not initials)

Family name

SHARPLES

Given names

TANYA ANN

Date of birth

/ /
[D] [D] [M] [M] [Y] [Y]

Place of birth (town/city)

BRISBANE

(state/country)

Queensland

Former name

Eg change by deed poll or marriage

Their previous name was (provide full given names, not initials)

Family name

Given names

Residential address

The residential address of the appointed officeholder is

Street number and Street name

21 ALMAVALE STREET

Suburb/City

CARINDALE

State/Territory

Queensland

Postcode

4152

Country (if not Australia)

If an 'Alternate director', for whom

Note:

Where an Alternate director is appointed, please attach the terms of appointment to this change form. (Refer to the guide for annexure requirements)

The appointed 'Alternate director' is alternate for (person alternate for)

Family name

Given names

Expiry date (if applicable)

/ /
[D] [D] [M] [M] [Y] [Y]

Alternate director terms of appointment attached

MEMORANDUM OF RESOLUTION OF THE DIRECTORS

SHARPLES SUPERANNUATION PTY LTD ACN: 065 750 138

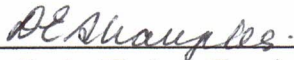
APPOINTMENT OF THE DIRECTOR:

It was RESOLVED on 26 September 2022 to appoint:

KARL ANTHONY SHARPLES of 21 ALMAVALE STREET, CARINDALE, QLD 4152 as a Director of SHARPLES SUPERANNUATION PTY LTD - ACN 065 750 138.

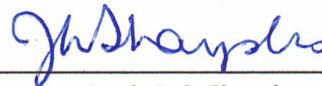
TANYA ANN SHARPLES of 21 ALMAVALE STREET, CARINDALE, QLD 4152 as a Director of SHARPLES SUPERANNUATION PTY LTD - ACN 065 750 138.

Signed by the DIRECTORS



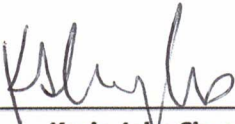
Denise Elizabeth Sharples
Director

Dated: 20.10.22



Jessie Lois Sharples
Director

Dated: 20/10/22



Kevin John Sharples
Director

Dated: 20/10/22



Norman George Sharples
Director

Dated: 20.10.22

CONSENT TO ACT AS A DIRECTOR

SHARPLES SUPERANNUATION PTY LTD
ACN: 065 750 138

FULL NAME: KARL ANTHONY SHARPLES

FORMER NAME (IF ANY):

ADDRESS: 21 ALMAVALE STREET, CARINDALE, QLD 4152

DATE OF BIRTH: 04 DECEMBER 1982

PLACE OF BIRTH: BRISBANE QUEENSLAND

consents to act as a DIRECTOR of the
forementioned company.

Signed by:



KARL ANTHONY SHARPLES

Dated: 20.10.2022

CONSENT TO ACT AS A DIRECTOR

SHARPLES SUPERANNUATION PTY LTD
ACN: 065 750 138

FULL NAME: TANYA ANN SHARPLES

FORMER NAME (IF ANY):

ADDRESS: 21 ALMAVALE STREET, CARINDALE, QLD 4152

DATE OF BIRTH: 22 AUGUST 1982

PLACE OF BIRTH: BRISBANE QUEENSLAND

consents to act as a DIRECTOR of the
forementioned company.

Signed by:



TANYA ANN SHARPLES

Dated: 20/10/2022