DOCUMENT # 60235/ 1. Entity Name GRAY, HARRIS & ROBINSON, P.A.					FILED Jan 11, 2001 8:00 am Secretary of State					
•	ce of Business STREET, SUITE 1200 32801-2798	TE 1200	1200		01-11-2001 90003 033 ***150.00					
2. Principal P	Place of Business	3. Mailing Address P.O. Box 3068								-
Suite, Apt.	. #, etc. Pinc Street, Suite 14	Suite, Apt. #, etc.			7	DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State			4. FEI	Number	59-130013	32		pplied For
<u>Orland</u> Zip 3280	Country	Zip 32802	Count	ntry	5. Cert	tificate of S	tatus Desired		\$8.75 Add	lditional
	6. Name and Address of Current I				7. Name and Address of New Registered Agent					
MARSHALL, BYRD F. JR 201 E PINE STREET, SUITE 1200 ORLANDO FL 32801				Street Address (P.O. Box Number is Not Acceptable) 301 E. Pinc Street, Suitc 1400 City FL Zip Code						
R The above	e named entity submits this statement for	r the purpose of changing its		ed office or regist	ered agent	or both, in	the State of F		<u>است -</u>	801
Tax filing r	Signature, typed or printed name of registered agent all coration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW	'!!! FEE ! 001 Fee !	will be \$550.00	ate	10. Election Trust Fu	n Campaign Fi und Contributio	on. [Added	OO May Be
11.	OFFICERS AND I		12.		ADDIT	TIONS/CHA	NGES TO OF	FICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-2IP	DP MARSHALL, BYRD F JR 201 E PINE ST,SUITE 1200 ORLANDO FL 32801	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV HARRIS, GORDON H. 201 E PINE ST,SUITE 1200 ORLANDO FL 32801	☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PRICE, PAMELA O. 201 E PINE ST, SUITE 1200 ORLANDO FL 32801	Delete.		-					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS ROBINSON, RICHARD M. 201 E PINE ST,SUITE 1200 ORLANDO FL 32801	☐ Delete						-	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PAGE, JAMES F., JR. 201 E PINE ST,SUITE 1200 ORLANDO FL 32801	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GRAY, J CHARLES 201 E PINE ST,SUITE 1200 ORLANDO FL 32801	☐ Delete		j					☐ Change	☐ Addition
indicated of the corp changed,	certify that the information supplied with it on this report or supplemental report is poration or the receiver or trustee empore, or on an attachment with an address, w	true and accurate and that nowered to execute this report	my signatu t as require	ture shall have the	e same lega	al effect as i	if made under	oath; that I a	am an officer	r or director
SIGNAT	SIGNATURE AND TYPES OF PE	RINTED NAME OF SIGNING OFFICER	OR DIRECT	OR .		-Hair	Date		Daytime Phone #	<u> </u>