DOCUMENT # 728615

1. Entity Name

JAMAICA ROYALE MANAGEMENT, INC.

Principal Place of Business 58 S/

Mailing Address

FILED May 15, 2000 8:00 am Secretary of State

04-18-2000 90250 037 ****61.25

Signature, typed or privated name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE	330 Midnight Pass Rd. Arasota Fl. 34242		5830 MIDNIGHT PASS RD. SARASOTA FL 34242-2108								
Solie, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. DO NOT WHILE IN THIS SPACE	. Principal Pla	ace of Business	3. Mailing Address								
Secretarian	Suite, Apt. #	, etc.	Suite, Apt. #, etc.								
The Address of Current Registered Agent	City B Otata		Ott. 6 Date								l
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKER, POLIAKOFF AND STREITFELD, P.A. 630 S. ORANGE AVENUE, THRO FLOOR SARASOTA FL 34238 City FL Zip Code City FL E NOW: FEE IS \$51.25 Trust Flund Contribution. City FL Registered signet, or both, in the state of Florida. Signature registered digent, or both, in the state of Florida. City FLE NOW: FLE IN OW: FEE IS \$51.25 Trust Flund Contribution. City FLE NOW: FEE IS \$51.25 Trust Flund Contribution. City FLE NOW: FLE IN OW: FLE IN OW	City & State		City & State			59-1506326					ĺ
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BECARR, PULATOR AND SHELIFELL, P.A. SOB S. GRANGE A/ENUE, THIRD FLOOR SARASOTA FL 34236 City FL Zip Code 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, hoped or preser raise of riog intered agent and title of applicable. PILE NOW: FEE IS \$61.25 FILE NOW: FEE IS \$61.25 Trust Fund Contribution. OFFICERS AND DIRECTORS Trust Fund Contribution. Added to Fees Department of State Department of Sta				Nar	ne						
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that it an an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR