03-27-2001 90018 016 ****61.25

DOCUMENT # 747442

1. Entity Name

M. E. IRIS, INC.

Principal Place of Business

3234 EARL DR

TALLAHASSEE FL 32308

Mailing Address

3234 EARL DR. TALLAHASSEE FL 32308

| US | | US | 1201 | | 0) \$161 180 210 Algia 115 115 | i digil digis digil gid | IIE B i rii i 1 10 1 | |
|---|---------------------------------------|---|---|--|---------------------------------------|----------------------------|---|--|
| 2. Principal Place of Business 2. Principal Place of Business 3. Mailing Address 111 N. ORANGE | | | 1 | | | | | |
| Suite, Apt. | | Suite, Apt. #, etc. | , | | DO NOT WRITE IN TH | IS SPACE | | |
| City & State Cit | | City & State | City & State | | 4. FEI Number 59-2929779 | | plied For t Applicable | |
| Zip 37-80 | Country U.S. | Zip | Country | 5. Certificate of | of Status Desired | \$8.75 Add Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | | |
| | | | | Name | | | | |
| MANGUM, KEVIN E 111 N. ORANGE AVE., STE. 1750 ORLANDO FL 32801 | | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | · | - | | |
| | | | City | | F | 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 | | | | | | | | |
| | | | | | | | | |
| Du P MOM | | | | | M 1 - 05 | | | |
| | | Election Campaign Finance Trust Fund Contribution | ~ — | \$5.00 May Be Added to Fees | | | | |
| | FEE IS \$61.25 | TVIII ON OUT (ISO) | o 22 | Added to 1 ccs | . Departine | ill OI State | 1 | |
| 10. OFFICERS AND DIRECTORS | | 11. | ADDITIONS/CHA | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | |
| TITLE | PD | Delete | TITLE | | | Change | ☐ Addition | |
| NAME | MANGUM, KEVIN E | | NAME | | | <i>y</i> | | |
| STREET ADDRESS | · · · · · · · · · · · · · · · · · · · | | | 111 N. ORAN | IGE AVE, STE | 1,420 | | |
| CITY-ST-ZIP | -ORLANDO FL~ | | CITY-ST-ZIP | ORL 1 | IGE AVE, STE FLA 32801 | | | |
| TITLE | VD | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| NAME | MURPHY, ROBERT J JR | | NAME | | | | t | |
| STREET ADDRESS | 1061 FOUNTAIN GLEN DR. | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | LAWRENCEVILLE GA | | CITY-ST-ZIP | · | | | | |
| TITLE | SD | □ Delete | TITLE | | | ☐ Change | Addition | |
| NAME | JURKOWSKI, TODD | | NAME | | | | | |
| STREET ADDRESS | 1013 S. HIAWASSEE | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | ORLANDO FL 32835 | | CITY-ST-ZIP | • | | | | |
| TITLE | TD | Delete | TITLE | *** · *** | | ☐ Change | Addition | |
| NAME | BUTLER, ROBERT | ✓ ▼ | NAME | | | _ • | | |
| STREET ADDRESS | 3234 EAR DR. | | STREET ADDRESS | , | | | | |
| CITY-ST-ZIP | TALLAHASSEE EL | | CITY-ST-ZIP | | | | | |

12. I hereby 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 of trustee impowered 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

BREGG ICKES

BEZIN MURPHY

5108

1604 NEBRASKA ST.

Eiserhower Blud.

FLA

(407)246-1585

Change

☐ Change

Addition

Addition