DOCUMENT # 756386 FILED Jan 25, 2000 8:00 am ELECTROLYSIS SOCIETY OF FLORIDA, INC. **Secretary of State** 01-25-2000 90066 011 ****61.25 Principal Place of Business Mailing Address 4550 PALMETTO AVE 4550 PALMETTO AVE **STE 102 STE 102** WINTER PARK FL 32792 WINTER PARK FL 32792-6902 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2184313 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SCOTT, HILDEGARD 4550 PALMETTO AVE STE 102 City Zip Code WINTER PARK FL 32792 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME HUDSON, GINGER STREET ADDRESS STREET ADDRESS 3616 ST JOHNS AVE CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville FL 32205</u> ☐ Addition TITLE DV2V ☐ Delete TITLE Change NAME FARELLA, LUCILLE NAME STREET ADDRESS 209 COUNTRY CLUB RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILLIAMSON, MICHELE NAME 800 PAUL ST STE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete ☐ Change ☐ Addition TITLE NAME SCOTT, HILDEGARD NAME STREET ADDRESS STREET ADDRESS 4550 PALMETTO AVE STE 102 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Change ☐ Addition TITLE VD ☐ Delete TITLE NAME HERMANSPAN, KAREN NAME STREET ADDRESS STREET ADDRESS 10692 S. U.S. 1, #C CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34952 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME HODOE, NATIVIDAD STREET ADDRESS STREET ADDRESS 4321 MUSEROTI ST CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872

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 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 AINTED NAME OF SIGNING OFFICER OR DIRECTO

1-17-2000

407-657-6006

Daytime Phone #