DOCUMENT # G14905  1. Entity Name  GRAY SEAL CORP.							FILED Jan 11, 2001 8:00 am Secretary of State					
Principal Place	e of Business	Mailing Address			1		-2001 90	•				
MELBOURNE FL 32935			2001 HUGHES RD MELBOURNE FL 32935 US									
2. Principal Place of Business			3. Mailing Address			1						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	DO NOT I	WRITE IN T	HIS SP.	ACE		
City & State			City & State			4. FEI Number 59-2250584 Applied For Not Applied by						7
Zip Country		ry	Zip Country			5. 0	Certificate of Status Desire	ed 🗗		8.75 Ade	ditional	1
	6. Name and Ad	dress of Current Re	gistered Agent			7. N	lame and Address of Ne	w Registe	red Ag	ent		]
BETTEN, TERRENCE J 291 COASTAL HILL DR INDIAN HARBOR BEACH FL 32937			Name Street Address (			(P.O. B	ox Number is Not Accept	able)				
INDIA	AN MANDUK DEAU	H FL 3293/		-	City				FL	Zip Cod	e	$\frac{1}{2}$
8 The shows	named entity submits	this statement for the	ne purpose of changing	its registered	d office or registe	ered and	ent, or both, in the State of			L		-
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  Make Check Paya					vill be \$550.00		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
11.		OFFICERS AND DI	RECTORS	12.		ADi	DITIONS/CHANGES TO	OFFICERS	AND D	IRECTOR	S IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD Delete BETTEN, TERRENCE J 291 COASTAL HILL DR INDIAN HARBOR BCH FL 32937 S Delete				T ADDRESS ST-ZIP					Change	Addition	CR2E034 (10/00)
NAME STREET ADDRESS CITY-ST-ZIP	Joseph, Carol 291 Coastal Hi Indian Harbor			CITY-	T ADDRESS ST-ZIP							
NAME STREET ADDRESS CITY-S1-ZIP			□ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP			<u>.                                    </u>		Change	Addition	
TITLE		. 1	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP					□ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP									[	Change	Addition	}
STREET ADDRESS			☐ Delete	TITLE NAME STREET CITY-S	f address ST-ZIP							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	NAME STREET CITY-S TITLE NAME	ST-ZIP					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby c indicated of the corp	or on an anacriment	ilemental report is truer or trustee empower	Delete  is filing does not qualify, use and accurate land ina ared to oxecute in the	NAME STREE CITY-S TITLE NAME STREE CITY-S For the exemat my signatury as required.	T ADDRESS ST-ZIP	same le 7, Florid	19.07(3)(i), Florida Statut egal effect as if made und la Statutes; and that my r	es. I further der oath; the name appe	r gortifu	, that the i	oformation	-