<b>200</b>	1 UNI	FORM E	BUSINESS REPO	RT	(UBI	, , ,	
DOCUMENT # \_O\&COO 5380						FILED W//	
Gale & Kitson, LLC						01 MAY 18 AM 9: 28	
Principal Place of Business Mailing Address						SECRETARY OF STATE TALUAHASSEE FLORIDA	
2. Principal Place of Business 9055 Ibis Blvd 9055 Ibis Sute, Apt. #, etc. Suite, Apt. #, etc.				vd		DO NOT WRITE IN THIS SPACE	
City & State West Palm Beach, FL West Palm				ach.	FI.	4. FEI Number XX Applied For	
Zip 33412		Country Zip		Coun USA			
			Current Registered Agent		Name	7. Name and Address of New Registered Agent	
B&C Corporate Services of Centeral FL, INC 390 North Orange Avenue, Suite 1100 Orlando, FL 32801						nt Address (P.O. Box Number is Not Acceptable)	
					City	FL Zip Code	
8. The above	named entity	y submits this stat	ement for the purpose of changing its	registere	d office or	e or registered agent, or both, in the State of Florida.	
SIGNATURE							
	Signature, typed	or printed name of regis	sered agent and title if applicable. (NOT)	Registere	Agent eigneb	mabure required when reinstating)  DATE	
			FILE IN	man my man it	I have been the	artment of State	
9.		MANAGIN	MEMBERS/MEMBERS	10.		ADDITIONS/CHANGES	
NAME STREET ADDRESS CITY-SI-ZIP		•	∟ Delete			President / Director Change Addition Kitson, Sydney 9055 Ibis Blvd West Palm Beach, FL 33412	
TITLE NAME	N N		TITLE	:	VP / D ☐ Change 【 Addition Leeder, Mike		
STREET AODRESS CITY-ST-ZIP			Delete		ET ADORESS ST-ZDP	9055 Ibis Blvd West Palm Reach, FL 33412  VP / D □ Change ☑ Addition	
NAME "STREET ADDRESS" CITY-ST-ZIP	<b>-</b>	<b>.</b> .			ET ADORESS - - ST-ZOP	Speer, George G.	
TITLE "			☐ Delete	TITLE		Change   Addition	
CITY-ST-ZIP					et adoress st-zip	******50.00 ******50.00	
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete			Change Addition	
TITLE NAME STREET ADDRASS CITY-ST-ZIP*			☐ Delete			☐ Change ☐ Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE  George G. Speer Drest 4/30/01 (561) 630-7400  SIGNATURE AND TYPE OR SPRINGED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Described From a second							