200	OHITOHIM	D0311%	OO IILI O	,	(00,	_	i.	í		
DOCUMENT # M0000001325 1. Entity Name							FILE	D		
WARMACK AND COMPANY, L.L.C.							OLMAY 14 F	ነዛ 1:53		
Principal Place of Business 650 CENTRAL MALL TEXARKANA TX 75503-2497		650	Mailing Address 650 CENTRAL MALL TEXARKANA TX 75503-2497				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
					•					
2. Principal Place of Business			3. Mailing Address			<u> </u>				
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		Ci	City & State			4. FEI N	75-2795888		Applied For Not Applicable	
Zip Country		Zip .		Count	Country		icate of Status Desired	□ \$5.00 Fee Rec	Additional quired	
	6. Name and Address	of Current Registe	red Agent			7. Name	and Address of New R	agistered Agent		
					Name					
ABERNATHY JR, BRUCE R 900 VIRGINIA AVE., STE 6 FORT PIERCE FL 34982		•			Street Address (P.O. Box Number is Not Acceptable)					
					City	City FL Zip Code				
8. The above	named entity submits this s	tatement for the pu	rpose of changing its	registere	d office or regist	tered agent, o	or both, in the State of Flo	rida.		
SIGNATURE	Signature, typed or printed name of re	gistered agent and title if a	pplicable. (NOT	E: Registered	Agent signature requi	red when reinstatin	ng)	DATE		
			CII E M	OWILL	EE IS \$50.0	n				
	,		Make Check Pa							
9.	T .	ING MEMBERS/ME		10.			ADDITIONS/	CHANGES Char	nge Addition	
TITLE NAME	PRESIDENT EO WARMACK		☐ Delete	TITLE NAME		٠			igo	
STREET ADDRESS	650 CENTRAL M	1			ET ADDRESS					
CITY-ST-ZIP	TEXARKANA, TX			_	ST-ZIP		 	☐ Char	nge Addition	
TITLE NAME	GEORGE WARM	1	☐ Delete	TITLE			30000		-	
STREET ADDRESS	650 CENTRAL	MALL			ET ADDRESS		30000. -06/			
CITY-ST-ZIP	TEXAMEANA TX				-ST-ZIP		***		*****	
TITLE"	JOHN WARMACH		Delete Delete	TITLE			,		ifia → [=] vanimi.	
STREET ADDRESS	USO CENTRAL MALL				ET ADDRESS					
CITY-ST-ZIP	TEXALKALA, TX	75503		CITY-	-ST-ZIP					
TITLE	JAMES WARMA	ř. K	☐ Delete	TITLE NAME				Chai	nge 🗌 Addition	
NAME STREET ADDRESS	USO CENTRAL M		t		ET ADDRESS					
CITY-ST-ZIP	TEXARKALA, T			CITY-	-ST-ZIP					
TITLE	VICE PRESIDE		☐ Delete	TITLE				Char	nge	
NAME STREET ADDRESS	650 CENTRA	L MALL	•	NAME STREE	ET ADDRESS					
CITY-ST-ZIP	TEXARRAM, I	x 75503		CITY-	-ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Char	nge 🔲 Addition	
NAME *				NAME	ET ADDRESS					
STREET ADDRESS CITY-ST-YIP					-ST-ZIP					
11. I hereby	certify that the information so don this report is true and ac ability company or the receiv	courate and that my	sionature shall bave	the same	e legal effect as i	it made undei	' oath: that i am a manac	further certify that jing member or ma	the information nager of the	
	~ / /	7			rmack	,				
SIGNA	PURE: SU	SHATTIN	CONTRACTOR OF THE PARTY OF THE	6 PRE	SIDENT		4/30/01	903-838	-4000	
~ ~ 1300	PICHATURE AND TYPES OF SE	MED HAME OF COMM	NANACING MEMBER MA	NAGER OF	AUTHORIZED REPRI	SENTATIVE	Date	Davtime Phor	ne#	