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P.T.G. PRECISION TECHNOLOGY TECHNOLOGY CENTER LL					FILED				
					2001 APR 23	PM 2: 10			
	ce of Business	Mailing Address			2001 APR 23 PM 2: 10				
100 TECHNOLOGY PARK 100 TECHNOLOGY PARK				,	DIVISION OF CORPORATIONS				
SUITE 100 LAKE MARY	EI 20746	SUITE 100 LAKE MARY FL 32746			DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA				
LAKE MART	FL 32746	LANE MART PL 32740			THE REPORT OF BOTH CONTROL FOR THE TRUE TO SELECT THE SECOND STATE OF THE SECOND STATE SECOND S				
		C-Water III							
	Place of Business	3. Mailing Address	مدنده						
37 3 Kyline Drive 37 5 Kyline Dr Suite, Apt. #, etc. Suite, Apt. #, etc.		שלו ועל	DO NOT WRITE IN THIS SPACE						
		2101	•		BO NOT WHILE MY THIS STAGE				
City & State City & State			4. FEI Number FO. 2492005 Applied		ied For				
Zip	Mary, FL Country	Lake Mary, FL Zip Country		5.0	59-3482025 Not Applicable 5. Certificate of Status Desired \$5.00 Additional				
32746	6. Name and Address of Current F	32746-6211	ÚSA	. <u></u>	ificate of Status Desired e and Address of New Regist	Fee Required			
	o. Name and Address of Current A	egistered Agent	Name		. 4				
NIKITIN, I	OMITRI			Michae	1-H-Lupo-				
•	INOLOGY PARK, SUITE 100	7	Street	Address (P.O. Box)	lumber is Not Acceptable)	2/0/			
	RY FL 32746			, y 11/1	e Dr., Suite				
			Ciby A		· · · · · · · · · · · · · · · · · · ·	Zip Code			
			City,	LakeMar	v. FL		746		
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.	سمير	1		
	Alle la co	March 1			· •••				
SIGNATURE .	mular	regio	De la constant			DATE			
	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE:	Hegistered Agent sign	nature required when reinsta	ang)	DATE			
		FILE NO	W!!! FEE IS	\$50.00					
		Make Check Pay		·					
9.	MANAGING MEMBE		10.	T 00 (ADDITIONS/CHA		- 7 6		
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NAME STREET ADDRESS	100 TECHNOLOGY PARK, SUITE	100	STREET ADDRESS	CEO KUI	ine Dr., Suite	2101			
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP	LOVE	Mary, FL 3.	2746-621	11		
TITLE		☐ Delete	TITLE	Chiefoa	exacting Office	☐ Change	Addition		
NAME			NAME	Thomas	michel	,			
STREET ADDRESS			STREET ADDRESS	37 5Kyli	ne Dr., Suite 21	101			
CITY-ST-ZIP			CITY-ST-ZIP	Lake m	erating Officer michel ne Dr., Suite 21 any, PL 3274	16-6211			
TITLE	·	☐ Delete	TITLE	(mtolle	<i>,</i> .	☐ Change	Addition		
NAME			NAME	Christin	e Waller	7/0/			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	187 SKY	ine Dr., Suite . Mary, FL 3:	2761	,		
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NAME STREET ADDRESS			NAME STREET ADDRESS		•	·····································	აა. <i>[]</i> []		
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	ertify that the information supplied with t	his filing does not qualify for		ated in Section 119	07(3)(i). Florida Statutes 1 furth	ner certify that the info	rmation		
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 to 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.									
CONTROL WILLIAM AND CONTROL WAS CONTROL OF THE CONT									
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANA	AGER, OR AUTHORIZ	フ/ ED REPRESENTATIVE	16/0/ 4C	0'1-809-10C Daytime Phone #	20		
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