Current Principal Place of Business:  
200 2ND AVENUE SOUTH  
SUITE 358  
ST. PETERSBURG, FL 33701  

Current Mailing Address:  
200 2ND AVENUE SOUTH  
SUITE 358  
ST. PETERSBURG, FL 33701  

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324  

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:  
Electronic Signature of Registered Agent  
Date

OFFICERS AND DIRECTORS:

Title: EC  
Name: WALES, JIMMY D MR.  
Address: 200 2ND AVENUE SOUTH, SUITE 358  
City-St-Zip: ST. PETERSBURG, FL 33701 US  
Title: C  
Name: DEVOUARD, FLORENCE MS.  
Address: 1 ROUTE DE PONTDUCHATEAU  
City-St-Zip: MALINTRAT, 63510 FR  
Title: VC  
Name: DVREEDE, JAN BART MR.  
Address: 200 2ND AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701 US  
Title: T  
Name: DAVIS, MICHAEL MR.  
Address: 200 2ND AVENUE SOUTH, SUITE 358  
City-St-Zip: ST. PETERSBURG, FL 33701 US  
Title: ES  
Name: MOELLER, ERIK MR.  
Address: 200 2ND AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701 US  
Title:  
Name:  
Address:  
City-St-Zip:  

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EC  
Name: WALES, JIMMY D MR.  
Address: P.O. BOX 78350  
City-St-Zip: SAN FRANCISCO, CA 94107 US  
Title: C  
Name: SNOW, MICHAEL MR.  
Address: P.O. BOX 78350  
City-St-Zip: SAN FRANCISCO, CA 94107 US  
Title: VC  
Name: DVREEDE, JAN BART MR.  
Address: P.O. BOX 78350  
City-St-Zip: SAN FRANCISCO, CA 94107 US  
Title: ED  
Name: GARDNER, SUE MS.  
Address: P.O. BOX 78350  
City-St-Zip: SAN FRANCISCO, CA 94107 US  
Title: DD  
Name: MOELLER, ERIK MR.  
Address: P.O. BOX 78350  
City-St-Zip: SAN FRANCISCO, CA 94107 US  
Title: GC  
Name: MICHAEL, GODWIN MR.  
Address: P.O. BOX 78350  
City-St-Zip: SAN FRANCISCO, CA 94107 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:  
Michael Godwin  
Electronic Signature of Signing Officer or Director  
Date