· 2003 NOT-FOR-PROFIT CORPORATION

	HIFORM BUSIN	ESS KEPUKI	(ORH	i)			***	
DOCUMENT # N47201 1. Entity Name DAMAYAN, INC.					FILED 03 MAR -6 AM 8:58			
Principal Place of Business 1656 LEGION ST TALLAHASSEE FL 32303 US		Mailing Address P.O. BOX 38401 TALLAHASSEE FL 32315-8401 US		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·	CHECK HERE IF MAKING CHANGES			
City & State		City & State		·	4. FEI Number 59-3113153 Applied For Not Applied ber			
Zip	Country	Zip	Country		5. Cértificate of S	Status Desired	\$8.75 Ac	ditional
	6. Name and Address of Current			7. Name and Ad	dress of New Registere			
	-		Name	3			a Agont	
	WENDY DR		Street Address		20 Pov Numberie	Not Assessed 1-1		
	N-O-WAR TRAIL	Street Add		Addiess (i	(P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32309					.	-	_	1.
			City		· •		Zíp Čoc	
9 The above	o normal antitudulmente this state of the			<u></u> .			· L.	
the obliga	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its re	egistered office	or registere	ed agent, or both, in	the State of Florida. I a	ım familiar with	, and accept
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
		i	<u></u>		· -			
	FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Make Check Payable to			
		irast rana cor	ininoalion.	ш	Added to Fees	Florida Dep	artment of	State
10.	OFFICERS AND DIF	RECTORS	11.	A	DDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	J 10
TITLE	D	☐ Delete	TITLE			20 10 0111021107110	☐ Change	Addition
NAME	CHERRIER, JENNIFER DR	İ	NAME		1 1 11	014417:		
STREET ADDRESS	1919 ATAPHA NENE		STREET ADDRESS	;	03/20/03	 014417 ; 01067028	**81.27	,
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP	ļ				
TITLE NAME	ID CHASE, WENDY	☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS	6509 MAN-O-WAR TRAIL		NAME					
CITY-ST-ZIP	TALLAHASSEE FL 32308		STREET ADDRESS CITY-ST-ZIP	1				
TITLE	D			 				-
NAME	BOYER, JEANETTE	☐ Delete	TITLE NAME	ļ			☐ Change	Addition
STREET ADDRESS	RT 1 BOX 1065		STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP	-				
TITLE	D	☐ Delete	TITLE	 		-	Change	Addition
NAME	MASTRAP, LIZ		NAME]			Gridings	Addition
STREET ADDRESS	645 BEARD STREET		STREET ADDRESS					ĺ
CITY-ST-ZIP	TALLAHASSEE FL 32304		CITY-ST-ZIP	ļ			Δ	
TITLE NAME	D PHIPPS, LAURA	☐ Delete	TITLE	İ		^	Change ,	☐ Addition
	RT 9 BOX 195		NAME			, { \ N ($\gamma 1 \sim$	
CITY-ST-ZIP	TALLAHASSEE FL 32304		STREET ADDRESS City-St-Zip	1		/// / <i>//</i> /	V	
TITLE	D	☐ Delete	TITLE	 -	 -	/ - -		
	SWANSON, RUSSELL	LI Delete	NAME			~ M	" ☐ Change	Addition
	1917 ATAPHA NENE		STREET ADDRESS			'λ /	\	ļ
	TALLAHASSEE FL 32301		CITY-ST-ZIP			\sim (J	ļ
12 I hereby c	math, at a star to form at							

I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like Impowered.

SIGNATURE:

RIDIORED