DOCUMENT # N94000003656

1. Entity Name

CEMI WORLD OUTREACH, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State
01-10-2001 90085 020 ****61.25

Principal Place of Business	Mailing Address
6959 TORRES ST JACKSONVILLE FL 32210 US	6959 TORRES DR. JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6959 TORRES DR.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State
Zip: 32210 Country: DUVAL	Zip Country

4. FEI Number 59-3263138 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CANDELERIA, JESSE L 2923 WATERS VIEW CIR ORANGE PARK FL 32073	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CANDELARIA, JESSE L 2923 WATERS VIEW CIR ORANGE PARK FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CORTES, EDMAR D 4408 SUMMER HAVEN BLVD S JACKSONVILLE FL 32258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CENTENO, EDUARDO 8443 METTO RD JACKSONVILLE FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M MEJICA, CEZAR 6636 RAWHYDE TRAIL N JACKSONVILLE FL 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M NORBERTO D. DELA REA 11545 PETERSHAM FALLS LANE JACKSONVILLE, FL 32258	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOMEZ, FE T 7137 EAGLES PERCH DR JACKSONVILLE FL 32244	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RYAN BRIX T. GOMEZ 7137 EAGLES PERCH DR. JACKSONVILLE, FL 32244	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JESSE L. CANDELARIA 05 JAN 01 (904) 779-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #