FILED Feb 27, 2004 8:00 am Secretary of State

1. Entity Nam	е	# P0300002 s, INC.	20209				02-27-2004 90	018 018 *	**150.0	00		
Principal Place of Business 204 JESSIE LEE CT GREEN COVE SPRINGS, FL 32043			204 J	Mailing Address 204 JESSIE LEE CT GREEN COVE SPRINGS, FL 32043					5	4012	719	
2. Principal P	lace of Busin	ness	3. Maili	3. Mailing Address								
Suite, Apt. #, etc.			Suite	, Apt. #, etc.			02242004	Chg-P	CR2E034	(10/03)	*	
City & State			City	& State		4. FEI Number 56	2317554	,		plied For		
Zip	Country		Zip	Zip C		try		of Status Desired		3.75 Add e Required	litional	
	6. Name	and Address of Curre		d Agent	7. Name and Address of New Registered Agent							
ODIECEI I	LITDED	A D A	##*			Name Todd Moldenhauer						
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.					Street Address (P.O. Box Number is Not Acceptable)							
4TH FLOO		•			204	<u> Jessie</u>	Lee CT					
MIAMI, FL 33145					ļ	City GREE	11 1	- SACYAGE	FL	Zip Code	9	
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. I am familiar with, and										and accept		
the obligations of regristered agent. The Moving Moving Add O4												
SIGNATURE_	Signature, typed	or printed name of registered a	gent and title if appl	icable. (NO		d Agent signature required	FAHAUF (DATE		 -	
		·			· -					· · · · ·		
FILI After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 4 Fee will be \$55		Flection Campa Trust Fund Con			.00 May Be ed to Fees	,				
10.		OFFICERS A	ND DIRECTOR	RS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND D	RECTORS	5 IN 11	
TITLE	PSTD			Delete .	TITLE	1			C	Change	☐ Addition	
NAME Street address	MOLDENHAUER, TODD G				NAM	E ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP				-	*	
TITLE				☐ Delete	TITLE	<u> </u>				Change	☐ Addition	
NAME .					NAM:	3		•	_	_ •		
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
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CITY-ST-ZIP						-ST-ZIP				7.01		
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CITY-ST-ZIP					CITY	-ST-ZIP		····	<u> </u>			
TITLE				Delete	TITU				C	Change	Addition	
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CITY-ST-ZIP	ļ					-ST-ZIP			•			
TITLE				☐ Delete	TITLE					Change	☐ Addition	
NAME				-	NAM	- I				-	-	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP						
12. I hereby o	l certify that the on this reporporation or the or on an atta	e information supplied rt or supplemental repo he receiver or trustee e achment with an addre	with this filing ort is true and a mpowered, to ass, with all other	does not qualify for accurate and that execute this repor er like empowered	or the exe	mption stated in Se	ection 119.07(3) same legal effect 7, Florida Statute	(i), Florida Statutes. I of as if made under o es; and that my name	further certify ath; that I am appears in B	that the ir an officer llock 10 or	nformation or director r Block 11 if	
- ' '			11/	-114			•		^			