En Ksson 4/3/02

SIGNATURE: .

DOCUMENT # P92000011532 1. Entity Name A.G. ERIKSSON COMPANY						Secretary of State 04-10-2002 90671 012 ***150.00			
Principal Plac 2815 PETERS FT PIERCE FL US	RD	Mailing Address 2815 PETERS RD FT PIERCE FL 34945 US	2815 PETERS RD FT PIERCE FL 34945			B0064826			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				<u> </u>	H110 H181 1051	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS,SPACE		
City & State		City & State	City & State		4.	FEI Number 59-3155226		plied For at Applicable	
Zip	Country	Zip	Count	ry	5.	Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Co	urrent Registered Agent			7. 1	Name and Address of New Registere	d Agent		
ERIKSSON -1113 COR 2400 S. O	N, AUSTIN G. HAL CLUSTER 81 SOUTH	Pointe De		Name Street Addres	s (P.O. E	Box Number is Not Acceptable)			
	E FL 34949			City			Zip Code		
8. The above	named entity submits this stater	nent for the purpose of changing its	registere	ed office or regis	stered ac	gent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registers			1 Agent signature requ	rired when r	reinstating) DAT	E		
Tax filing i	oration is eligible to satisfy its Inte requirement and elects to do so: ria on back)		02 Fee v	will be \$550.0				May Be~~ I to Fees	
11.	OFFICER	S AND DIRECTORS	12.		ΑC	ODITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERIKSSON, AUSTIN G 2400-S. OCEAN-DR. 81 FT. PIERCE FL 34949	Delete SOUTH POINTE DE	. II				☐ Change	☐ Addition	
TITLE NAME STREET AÓDRESS CITY-ST-ZIP	DST KRISTIN ERIKSSON 2400-S. OCEAN-DR PT. PIERCE FL 34949	SOUTH POINTE TO	11				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ll l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ب راي د العربية والعملية بالمربي الرايد العربية	☐ Delete	~ ~~				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	II.		-	and the second s	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Delete	li i	l l			☐ Change	Addition .	
indiantad	Loo this conoct or supplemental c	sport is true and accurate and that a	mu cianat	ura chall hava ti	on came	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; that rida Statutes; and that my name appea	it I am an officer	or director 1	