Chris Matthews P.O. 21401 _ Chattanooga, TN 37424 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy ☐ Will wait ☐ Mail out Photocopy Certificate of Status **NEW FILINGS** AMENDMENTS ☐ Profit Not for Profit Resignation of R.A., Officer/Director Limited Liability ☐ Change of Registered Agent Domestication ☐ Dissolution/Withdrawal ☐ Merger Other **OTHER FILINGS** REGISTRATION/QUALIFICATION ☐ Annual Report □ Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other V. SHEPARD

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

ine State of Florida.	statement in order to cha			
1. The name of the co	orporation: eLink	BusiNess	E Tunovatio	us The
2. The mailing addres	s of the corporation: <u>P</u>	O. Box	21401	
	Ch	attanoog	a, TN 37	424
3. Date of incorporati	ion/qualification: <u>/2//7</u>	/99	Ocument number:	P 99 000 10 898
4. The name and address	ess of the current registered	dagent and office	ə:	<u> </u>
				N SEC
	orporation Ser 201 Hays St	· L	paug	10 PM
<u> </u>	- 1/1 Jags st	reet		1 700
5. The name and addre	ess of the new registered as (P. O. Box	ent (if changed)	-2525 and/or registered off	ice (if change)
	(P. O. Box	Not Acceptable)	ice (il changes).
_Ga	reth Matthe	us =		92 01/5
_5/3	E Landings W	lag # 75	,	
-Mex	rith Island,	FL 32	952	
The street address of it agent, as changed, will	ts registered office and the	street address o	f the business office	of its registered
Such change was authorized by the boar	orized by resolution duly a	adopted by its bo	ard of directors or b	y an officer so
May 10	The Man -		10/0-	, /
(Signature of an office	ser, chairman or vice chairman of	he board)		700_
Gareth N.	nted or typed name and title)	<u></u>		
	·			
corporation, I hereby a I further agree to comp performance of my dut	registered agent and to a accept the appointment as ply with the provisions of a ies, and I am familiar with	ccept service of registered ageni ill statutes relati i and accept the	process for the abov and agree to act in ve to the proper and obligation of my pov	e stated this capacity. complete
registered agent.	As in		ootigation of my pos	nion as
Hauffung (Signature d	i Registered Agent)	<u>-</u>	10/27/00	7
If signing on behalf of an en	5 ,		(Date)	_
Gareth Mat		-	Dianelin	
(Typed or P	rinted Name)		(Capacity)	

* * * FILING FEE: \$35.00 * * *