SIGNATURE: SIGNATURE AND TYPED OR

DOCU	MENT # LOOOO	R)								
1. Entity Name SAMMONS INVESTMENTS, L.C.					FILED					
					2001 JUN - 7 PM 5: 10					
4060 VINKEN	ce of Business (ULDER ROAD REEK FL 33073	Mailing Address 4060 VINKEMULDER ROAD COCONUT CREEK FL 3301	060 VINKEMULDER ROAD		DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA					
Principal Place of Business										
50 T Suite, Apt.	WELVE DAKS ROAD	50 TWELVE Suite, Apt. #, etc.	JOTWELVE OAKS KOAD iuite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State C		City & State	City & State SEABROOK, SC		Number 65-1047	VCD		 	oplied For	
		7in	11 29940 Country		5. Certificate of Status Desired S5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name										
RITTER, GREGORY J RITTER CHUSID BIVONA & COHEN LLP					P.O. Box Number is Not Acceptable)					
7000 W. PALMETTO PARK ROAD, SUITE 400						<u>-</u>			 .	
BOCA RA	ATON FL 33433		City				FL	Zip Cod	е	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of										
9.	MANAGING MEMBER	S/MEMBERS /	10.		ADDITIONS/CHANGES					
NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4060 VINI	MONS, WILLIAM C. D VINKE MULDER ROAD						
TITLE		☐ Delete	TITLE	SEABROO	x, Sc.	29940		Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		900004367249 -06/06/010103302- *****50.80				3 -024	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			2	ι	Change	☐ Addition	
HIGICALOG	pertify that the information supplied with this on this report is true and accurate and that billity company or the receiver or trustee er	it mv signature snali nave to	e same legal ette	ct as it made lindel	noth that I am a	atutes. I furt managing i	her certil member	fy that the ir or manage	nformation r of the	

ac new ares

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #