FILED

May 17, 2002 8:00 am Secretary of State 05-17-2002 90021 039 ***150.00

			· · · · · ·		 	U II
C	CUM	ENT#	S24	4488		

1. Entity Name

320 RIVERSIDE PROPERTIES, INC.

2233 PARK AVENUE SUITE 500 ORANGE PARK FL 32073		Mailing Address 2233 PARK AVENUE SUITE 500 ORANGE PARK FL 32073			:						**	
2. Principal 1008	Place of Busin	ness VENUE	3. Mailing Address 1008 PARK AVENUE				11861	1928 (IV 1281) (IV		i atoliš bioti	î î î î î î î î î î î î î î î î î î î	,
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Sta	ite E PARK	, FL	City & State ORANGE PARK, FL			4	4. FEI Number 63-5131000				pplied For	- -
32073 Country USA			Zio 32073 Country USA			5	5. Certificate of Status Desired See Required Fee Required					٦
	6. Name	and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent							\dashv
MCAFEE	, robert s	en de la companya de La companya de la co	e en	.	Name]
	rk avenue		Street Address (P.			odress PA	PARK AVENUE]
STE 500 ORANGE PARK FL 32073					CityORANGE PARK				Tin Code			4
			the purpose of changing its						FL	^z ig 2 α	፟ጛ3	
SIGNATURE 9. This corpo	Gignature, typed	or printed name of registered agent an	d tille if applicable. (NOTE	:: Registere	d Agent signati	ure required whe	n reinstating)	ection Campaign Fin	4/25/C	D		
Tax filin: requirement and elects to do so. (See criteria on back)			After May 1, 200 Make Check Payab	02 Fee le to De	will be \$5 epartment	50.00 t of State		ust Fund Contribution			0 May Be d to Fees	ļ
11.	16	OFFICERS AND D		12.			ADDITIONS,	CHANGES TO OFF			S IN 11	Ι.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCAFEE, ROBERT S.		· Delete			1008	PARK	AVENUE	, X <u>2</u>	Change	☐ Addition	E004 (0/04
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ANN C. K AVENUE, STE. 500 PARK FL 32073	☐ Delete			1008 PARK AVENU		AVENUE	X	Change	Addition	200
TITLE Name Street address City-St-Zip		MATHEW (-N.E. STE 580	☐ Delete			1008	PARK	AVENUE	X	Change	Addition	
Title Name Street address City-St-Zip			☐ Delete		ľ					Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete		1	·.				Change	Addition	
TITLE NAME STREET ADDRESS			· Delete	TITLE NAME STREE	T ADDRESS	·				Change	Addition	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🔎

904-269-8100