1. Entity Name	MENT # -162281 . DNI , RROL	V	•	FILED Apr 04, 2000 8:00 ar Secretary of State
Principal Place of Business SOUTH ORANGE AVENUE O. BOX 593688 SELANDO FL 32859-3688		Mailing Address 8989 SOUTH ORANGE AVENUE P.O. BOX 593688 ORLANDO FL 32859-3688 US		04-04-2000 90031 045 ***150.00
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		. DO NOT WRITE IN THIS SPACE
City & State		City & State	•	4. FEI Number 59-0686670 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	Name	Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES		CES, INC.		Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET TALLAHASSEE FL 32301			ļ	
			City	FL Zip Code
8. The above	named entity submits this statement t	for the purpose of changing its	registered office or	or registered agent, or both, in the State of Florida.
Tax filing re	signature, typed or printed name of registered ager ration is eligible to satisfy its Intangib equirement and elects to do so. ia on back) OFFICERS AND BAILES, C.E., III 833 SEVILLE PLACE ORLANDO FL 32804	FILE NOW! After MAY 1, 20 Make Check Payab	!! FEE IS \$150.0 00 Fee will be \$5	Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST EICHER, JOHN C 2507 NORFOLD ROAD ORLANDO FL 32803	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	S Change Addition 2507 Norfolk Rd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-S1-2IP	
indicated of the co	certify that the information supplied with on this report or supplemental report or poration or the receiver or trustee entity or on an attachment with an address	t is true and accurate and that it spowered to execute this report	as required by Chall.	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all have the same legal effect as if made under oath; that I am an officer or director Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNAT	TURE: SIGNATURE AND TYPED O	H PRINTED NAME OF SIGNING OFFICER		ELA WMP SOL 407-851-0000 Daytimo Phone #