Principal Place of Business AM BLND PASS ROLD SIT FERRENGE FL. 4 (1997) ST. Principal Place of Sunness Site April BLND PASS ROLD SITE FLORENGE FL. 4 (1997) Site Florende Florence Site April BLND PASS ROLD SITE FLORENGE FL. 4 (1997) Site Florence Site April BLND PASS ROLD SITE FLORENGE FL. 4 (1997) Site Florence Site April BLND PASS ROLD Site Florence Site April BLND PASS ROLD Site Florence Site Blades Fl	DOCUMENT # 533407 1. Entity Name RESOP, INC.			FILED Jan 08, 2001 8:00 am Secretary of State
Suite Act #, etc. Suite Act #, etc. Suite Act #, etc. Suite Act #, etc. DO NOT WRITE IN THIS SPACE	8041 BLIND PASS ROAD	8041 BLIND PASS ROAD	16	
City & State City & State City & State City & State A. FEI Number S9-1765646 Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable S8-75 Additional Fee Required	2. Principal Place of Business	3. Mailing Address		I kakan anga nkan kuk dian angk ang akan angk ang akan ang ang ang
Zip Country 7/20 Country 5. Certificate of Status Desired	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na	City & State	City & State		38-1/03040
RESOP, W. PAUL 8041 BLIND PASS ROAD STREET REgistered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Diginary, speed or present with engineering point in a purpose of present agent with its activation. Diginary, speed or present with engineering point in a purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Diginary, speed or present with engineering point in a purpose of changing its registered Agent agrupture recorded agent core by the State of Florida. SIGNATURE Diginary, speed or present with engineering point in a purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Diginary, speed or present with engineering point in a purpose of present with	Zip Country	Zip	Country	
Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) City	6. Name and Address of Current R	egistered Agent		
SOLITION OF ST. PETERSBURG BEACH FL 33708 City FL Zip Code	RESOP W. PAUI			
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 ceased new or registered significant with it explication. FILE NOWILL FEE IS 150,000 After MAY 1, 2001 Fee will be \$55,000 Make Check Payable to Department of State Trust Fund Contribution. Addod to Free State of Stat	8041 BLIND PASS ROAD		Street Addres	ss (P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flord as. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax Hing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Chack Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN THE WARK STREET ANDRESS ONLY-57-3P THE NAME SINCE ANDRESS GITY-57-3P THE NAME SIRET ANDRESS GITY-57-3P THE NAME S	* ST. PETERSBURG BEACH FL 33706			
SIGNATURE STO Delete This corror ation is eligible to satisfy its intangible Tax filing requirement and election to back) Tax filing requirement and election to back After MAY 1, 2001 Fee will be \$55.00 Make Check Payable to Department of State S55.00 Make Check Payable to Department of State S50.00 Make Check Payable to Depa		<u> </u>	City	FL Zip Code
TILE NAME SIRET ADDRESS CITY-ST-2P TITLE SIRET ADDRESS CITY-ST-2P TITLE SIRET A	Signature, typed or printed name of registered agent an 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.	FILE NOW After MAY 1, 2	7!!! FEE IS \$150.00 001 Fee will be \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
TITLE NAME SITURE TADRESS CITY-ST-ZIP TITLE NAME SITURETADORESS CITY-S		<u> </u>		
NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	TITLE STD MAME RESOP. PAUL W II STREET ADDRESS 8041 BLIND PASS ROAD		TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 outrustee 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 a reduces, with at Other like empowered. SIGNATURE:	NAME STREET ADDRESS	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 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 outrustee 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 a readers, with all other like empowered. SIGNATURE:	NAME STREET ADDRESS	☐ Delete	NAME STREET ADORESS	☐ Change ☐ Addition }
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	indicated on this report or supplemental report is to of the corporation or the receiver cytrustee enjoys changed, or on an attachment with a readyss, where the corporation is to be a supplemental to the corporation of the	his filing does not qualify for rue and accurate and that wered to execute this report that other like empowered	or the exemption stated in my signature shall have th t as required by Chapter 6 t.	Section 119.07(3)(i), Florida Statutes, i further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
	SIGNATURE: SIGNATURE AND TYPEY OF PR	INTED NAME OF SIGNING OFFICE	R OR DIRECTOR	Date Daytime Phone #