	OCUMEN Entity Name	NIFORM BUSINT # 689477 L, INC., ARCHITECTURE		RT (UBF	3)	FI Jan 11, 20 Secretar 01-11-2001 90	ry of S	tate	1
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### Country US		EACH SHOPES I		ACH SHOP		FEi Number 59-2050574	<u> </u>	`]
DIVOLI, LESUE							\$8.75 Ad	ditional	
SUITE B The above named saley at times this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. CRIATURE Suman, have a primal name of registered agent and 100 it approach. In its corporation is eligible to satisfy its intangible Tax lifting requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 This corporation is eligible to satisfy its intangible of peeps will be \$550.00 After MAY 1, 2001 Fee wi	6. N	Name and Address of Current F	Registered Agent	Name	7.	Name and Address of New Registe	red Agent		
The above named satity submiss this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. CHAPTE	-2655-N-0CI	EAN DR				BAYLING E PLASUIT	EB		
GNATURE Speaker, types or primed warre of improved upon a primed agent and the if expectation. (NOTE Registrious Agent signature received when religitating) DATE						ACH SHORES	FL 334	to4	
PTV DWOLL, LESUE DVOLL, LESUE DVOLL, LESUE B SIRET ADDRESS CITY-ST-ZIP PALM BEACH SHORESS, FL 33404 EET ADDRESS CITY-ST-ZIP CHange Addition Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CI	Signature This corporation is Tax filing requiren	s eligible to satisfy its Intangible nent and elects to do so.	FILE NOW!	Registered Agent signature. !! FEE IS \$150.0	00 50.00	10. Election Campaign Financing	\$5.0		
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Delete TITLE NAME STREET ADDRESS Y-ST-ZIP Delete TITLE NAME STREET ADDRESS Y-ST-ZIP Delete TITLE NAME STREET ADDRESS GITY-ST-ZIP LE COMMENS Y-ST-ZIP 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 root 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 receive or true appropried 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 attachmy of the supplemental specified the supplemental specified 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 receive or true appropried 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 attachmy of the supplemental specified that my name appears in Block 11 or Block 12 if changed, or on an attachmy of the supplemental specified that my name appears in Block 11 or Block 12 if changed.	ME EET ADORESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	indicated on this of the corporation changed, or on a	report or supplemental report is nor the receiver printing emporan attachment of the address of the research of the supplemental report is a supplemental report is a supplemental report is nor the supplemental report is	true and accurate and that me wered to execute this report athrall other like empowered.	ny signature shali h as required by Cha	ave the sam pter 607, Flo	e legal effect as if made under oath; to orida Statutes; and that my name appe	ears in Block 11 o	or Block 12 if	i i