Principal Place of Business SIME POCET Davie P 0 600 (6027) P 0 60	1. Entity N	UMENT # 6916	96		Secretary of State 06-11-2002 90399 028 ***150.00
Solie, Apt. #, etc. DO NOT WRITE IN THIS SPACE Solie, Apt. #, etc. DO NOT WRITE IN THIS SPACE Chy State 4. FEI Namber 59-2115250 Anguind For. Solie, Apt. #, etc. DO NOT WRITE IN THIS SPACE Anguind For. Solie, Apt. #, etc. DO NOT WRITE IN THIS SPACE Anguind For. Solie, Apt. #, etc. Contry S. Centification of Status Desired S8.75 Additional for Required For. B. Meme and Address of Current Registered Agent Name Name and Address of New Registered Agent Name and Address of New Registered Agent TODD, JOHN DAVID Stotel Address of O. Dos Number is Not Acceptablee) Stotel Address of New Registered Agent TODD, JOHN DAVID Stotel Address of New Registered Agent Stotel Address of New Registered Agent TODD, JOHN DAVID Stotel Address of New Registered Agent Stotel Address of New Registered Registered Agent Stotel Address of New Company FLE Now The Stote of New Company Stotel Address of New Company Stotel Address of New Company Stotel Address of New Company New Registered Registered Agent Stotel Address of New Company Stotel Address of New Company Stotel Address of New Company New Company New Company New Company New Company <	5196 PICKE P O BOX 4 JACKSONV	ETT: DRIVE 4062):	5196 PICKETT DRIVE P O BOX 40621	19	
Conversion of a series of a series of a series of the	519	26 Orchett Dr.		•	
Applied Term A		Å			DO NOT WRITE IN THIS SPACE
3 3 2 4 / 9 Country 5. Contribution S. Contribution S. Contribution 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 70DD, JOHN DAVID 2309 PARK ST Street Address (P.O. Box Number is Not Acceptable) JACKSONMILE FL 32204 Street Address (P.O. Box Number is Not Acceptable) Given named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. GMATURE Given named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. GMATURE Given named entity submits this statement for the purpose of changing its registered Agent igniture registered agent, or both, in the State of Florida. GMATURE Given named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. GMATURE Given named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. GMATURE Given named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. GMATURE FILE NOWITI FEE IS \$150.00 Atter May State Prove Prove Fee State This Corporation is eligible to astaty its intergible FILE NOWITI FEE IS \$150.00 Atter May State <tr< td=""><td>Ju</td><td>y fla</td><td>City & State</td><td></td><td>59-2115250</td></tr<>	Ju	y fla	City & State		59-2115250
TODD, JOHN DAVED Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City FL Zip Code City City FL Zip Code City City FL Zip Code City City City FL Zip Code City Cit		219 USA		Country	5. Certificate of Status Desired
TODD, JOHN DAVID Name 2309 FARK ST Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32204 City FL Zip Code	· ···· ····	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
City FL Zip Code The above named entity submits this statement for the purpose of changing its registered alfice or registered agent, or both, in the State of Riorda. GNATURE GNATURE GNATURE GNAT	.2309 PARK ST		و بې مور وهما کې . بې و		ss (P.O. Box Number is Not Acceptable)
A. 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. IGRNATURE IGRNATURE IGRNAT	÷			City	
IGNA TURE	. The abov	ve named entity submits this statement to	r the purpose of channing it	ts registered office or regist	
OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 LE PD □ Delete TTLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 WE WOOD, HOWARD G. STRET ADDRESS Image: Delete NAME Y-ST-72P JACKSONVILLE FL CITY-ST-72P LE V □ Delete TTLE V-ST-72P JACKSONVILLE FL CITY-ST-72P LE V □ Delete TTLE V-ST-72P JACKSONVILLE FL CITY-ST-72P LE V □ Delete TTLE V-ST-72P Image: Delete TTLE ACKSONVILLE FL Image: Delete TTLE V □ Delete TTLE V □ Delete TTLE JACKSONVILLE FL □ Delete TTLE JENKINS, PATRICIA STRET ADDRESS CITY-ST-72P LE JACKSONVILLE FL □ Delete TTLE JACKSONVILLE FL □ Delete TTLE □ Change JACKSONVILLE FL □ Delete TTLE □ Change LE HADRESS GITY-ST-72P □ Delete TTLE JACKSONVILLE FL □ Delete TTLE □ Change LE HADRESS GITY-ST-72P □ Delete <td< th=""><th>This corp Tax filing</th><th>Signature, typed or printed name of registered agent poration is eligible to satisfy its intangible requirement and elects to do so.</th><th>FILE NOW After May 1, 20</th><th>111 FEE IS \$150.00</th><th>10. Election Campaign Financing \$5.00 May Ro</th></td<>	This corp Tax filing	Signature, typed or printed name of registered agent poration is eligible to satisfy its intangible requirement and elects to do so.	FILE NOW After May 1, 20	111 FEE IS \$150.00	10. Election Campaign Financing \$5.00 May Ro
WE WOOD, HOWARD G. Intellets	•	OFFICERS AND	DIRECTORS		
Ref ADDRESS G640 BERYL ST. STREET ADDRESS Image: ST in the street approximation of the	ME Heet address Y - ST - 71p	WOOD, HOWARD G. 5196 PICKETT DR JACKSONVILLE FL	C Delete	NAME STREET ADDRESS	Change Addition
E JENKINS, PATRICIA International control contro control control control control control control control co	ie Eet address - St- Zip	WOOD, JOHN D. 6640 BERYL ST. JACKSONVILLE FL		NAME STREET ADDRESS	Change Addillon
ET ADDRESS ST-ZIP	E Et address - St-Zip	JENKINS, PATRICIA 6641 HUGHES ST	محديدي وبالعمد مغربي فراحا	NAME STREET ADDRESS	Change Addition
T ADORESS ST-ZIP Change Addition STREET ADORESS CITY-ST-ZIP	e et address • St- <i>z</i> ip			NAME STREET ADDRESS	Change Addition
	ET ADDRESS ST- ZIP		· · · · · · · · · · · · · · · · · · ·	NAME STREET ADDRESS	Change 🚺 Addition
T ADDRESS SI-ZIP Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director hanged, or on an attachment with an address with an effect or the execute this report as required by Chapter 607, Florida Statutes, and that my and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director thanged.	T ADDRESS ST-ZIP		Delete	NAME STREET ADDRESS CITY - ST- 71P	