DOCUMENT # 763836 1. Entity Name					FILED				
SELAMA GROTTO, INC.					Jan 16, 2001 8:00 am Secretary of State				
Principal Plac	e of Business	Mailing Address			01-16-2001 90080 041 ****61.25				
3000 16 STREET NORTH ST. PETERSBURG FL 33713		SI PETERSBURG EL 33743.7546. 3000 LOST NORTH STPETERSOURCE FL 3370			./ 1211001	8317 BIIRB II/BI IRIBB 31432 BIII BIBI	I BIBII BEBIZ BIBII BI	-	
2. Principal Place of Business		3. Mailing Address 3000 16 STNORTH							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT-WRITE IN THIS SPACE				
City & State		City & State SAINT PEREN SURGEL		Fi	FO-MAME?		plied For t Applicable		
Zip	Country	33704-1923	Country	10	5. Certificate	of Status Desired	\$8.75 Add Fee Required	itional	
	6. Name and Address of Current F				7. Name and	Address of New Registere	d Agent		
				Name					
EDENBURN, GARY L 1117 ARLINGTON AVE. NORTH 3000 16 ST MA			Street A	Street Address (P.O. Box Number is Not Acceptable)					
ST. PETERSBURG FL-33706 33704 - 1923									
			City			F	L Zip Code		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	FILE NOW: FEE IS \$61.25				OO May Be Make Check Payable to Department of State				
10.	OFFICERS AND DIR	ECTORS	11.	A	DDITIONS/CHA	ANGES TO OFFICERS AND	DIRECTORS IN	10	
TITLE	DS FLOWEDS FORMADD	☐ Delete	TITLE				Ehange	Addition	
NAME STREET ADDRESS	0.10 00 0			37	24 26	OAV N.	~ ~~		
CITY-ST-ZIP	SAINT PETERSBURG FL 88719	33713	CITY-ST-ZIP	SA	INT PE	MRSBURU-	<u>~~337</u>	3	
TITLE NAME	D UPTON, DONALD	Delete	TITLE NAME	200	4000	DGOEEN	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1760 DEVON SHIRE RD NO		STREET ADDRESS CITY-ST-ZIP	1516	o WIN	D. GREEN CHESTER AD	N.	1	
TITLE	ST. PETERSBURG FL D		TITLE	 > 	JT-PCR	JUSIS DEBUTE	Change	Addition	
NAME	LACE, JOHN W		NAME	40	NRGC.	GRIFFITH TERRN.	•	•	
STREET ADDRESS CITY-ST-ZIP	1533 -83RD AVE N SAINT PETERSBURG FL 33702		STREET ADDRESS CITY-ST-ZIP	PINI	96 (S)	PARK FL 33	781		
TITLE -	J	☐ Delete	TITLE	m –			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	ROY	6-67.AV	R WEBB			
CITY-ST-ZIP			CITY-ST-ZIP	PIN	JELL A	S PARK FL	- 3371	8	
TITLE		☐ Delete	TITLE			-	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP	110.110.000		CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition .	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>					

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIJ 7 2001 227-321-7969

Dayline Phone #