2000	UNII	TURM DUSI	ME33 REPU	<u> </u>	(UDI	<u> </u>				ъ		
DOCUMENT # 765730  1. Entity Name							FILED May 04, 2000 8:00 am Secretary of State					
CLAN DUNBAR, INC.							Secretary of State 05-04-2000 90174 037 ****61.25					
Principal Place of Business Mailing Address					· ·							
224 RIVERVIEW TOWNSEND TN US	_		224 RIVERVIEW RD TOWNSEND TN 37882-4010 US									
2. Principal P 4226		ess EN PARK DR	3. Mailing Address 4226 HAYDEN PARK DR									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
	108 20 R	o, KY	OWENSISOLO IKY			<u>-</u> .	-4. FEI Number 02-0408172 Applied For Not Applicable					
Zip	Zip 42303 Country USA		42303 U		intry SA					\$8.75 Add		
6. Name and Address of Current Registered Agent Name								oaress of Ne	w Registered	<u> Agent</u>		
DUNBAR, JAMES SCOTT					Street Address (P.O. Box Number is Not Acceptable)							
RT 2, BOX 4961 CRAWFORDVILLE FL 32327					·							
OTAM OTBIELL TE SESE,					City FL Zip					Zip Cod	e 	
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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE												
		· <del></del> -							<del>.</del>			
FILE NOW: FEE IS \$61.25						Make Check Payable to d to Fees  Make Check Payable to Department of State						
10. OFFICERS AND DIR			ECTORS			ADDITIONS/CHAP	IGES TO OFF	ICERS AND DI		10		
TITLE	DCP	DANIEL C	☐ Delete	TITLE						Change	☐ Addition	
NAME STREET ADDRESS	DUNBAR, I 224 RIVER					122	6 HAYDEN	PARIC	DRIVE	-	}	
CITY-ST-ZIP	TOWNSEN			CITY	-ST-ZIP	DWE	enos 20			3		
TITLE	SD	CAROLVALD	☐ Delete	TITLE		!				<b>⊠</b> Change	Addition	
NAME STREET ADDRESS	224 RIVER	CAROLYN P VIEW RD	•	, n <u>am</u> Stre	ET ADDRESS		6 HAYDEN					
CITY-ST-ZIP	TOWNSEND TN		City		-ST-ZIP	OW	EN2Boro	<u>, KY</u>	42303			
TITLE	TD	AATTI ICIAL T	☐ Delete	TITLE		ļ				☐ Change	☐ Addition	
NAME STREET ADDRESS		MATTHEW T WOOD DR APT C-222		NAM STRE	ET ADDRESS							
CITY-ST-ZIP		HILL CA 94523		CITY	-ST-ZIP					<del></del>		
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NAME STREET ADDRESS		N, NORMAN D		NAM	et address							
CITY-ST-ZIP	LAKEWOO	FLOWER BLVD D.CA			-ST-ZIP						Ì	
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NAME	[			NAM							[	
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OTT - STYLIF			0.1.60	0111		tod in Co	otion 110 07(2)(i)	Florido Status	ton I further on	rtifu that the is	oformation	

12. I hereby certify that the information supplied with this filling 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 Date Date Date Dayline Phone #