Mailing Address					**150 75	e
			01-29-200	0 90031 010 **	158.75	
8858 1400 CLEVELAND ST GREENVILLE SC 29607-2410 ipal Place of Business 3. Mailing Address , Apt. #, etc. Suite, Apt. #, etc.						
			DO NOT WRITE IN THIS SPACE			
City & State		4. F	El Number 57-0509	9435		plied For t Applicat
Zip	Country	5. (Certificate of Status Desi		8.75 Addi	itional
t Registered Agent		7. N	ame and Address of N	· · · · · · · · · · · · · · · · · · ·		
	Name					
	Street Add	ress (P.O. B	ox Number is Not Accep	table)		
	City				Zin Code	<u> </u>
						'
		of State				
Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	🔲 Additi
Delete	TITLE NAME Street address City - St - Zip			[Change	C Additi
U Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	- C Additı
Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[_ Change	🗌 Additi
Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Contr	o iler	Ì	Change	Additi 🗌
Delete	TITLE NAME STREET ADDRESS			[Change	Additi
f I	3. Mailing Address Suite, Apt. #, etc. City & State Zip t Registered Agent for the purpose of changing its restand title if applicable. (NOTE: File NOW!!! After MAY 1, 2000 Make Check Payable D DIRECTORS D Delete Delete D Delete D Delete	3. Mailling Address Suite, Apt. #, etc. City & State Zip Country t Registered Agent Name Street Add City City t and title if applicable. (NOTE: Registered Agent signature tt and title if applicable. (NOTE: Registered Agent signature te FILE NOW !!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550 Make Check Payable to Department c D DiRECTORS 12. Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete Delete TITLE NAME	3. Mailing Address Suite, Apt. #, etc. City & State 4. F Zip Country Image: Street Address (PO, B) City Street Address (PO, B) City Street Address (PO, B) City City for the purpose of changing its registered office or registered age than title if applicable. (NOTE: Registered Agent signature required when retained title of applicable. the FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State D Directories 12. AD Directories 12. AD Directories 12. AD Delete Titte NAME STREET ADDRESS City-SI-ZIP ITTLE Delete Titte NAME STREET ADDRESS City-SI-ZIP ITTLE Delete Titte NAME STREET ADDRESS City-SI-ZIP IDelete Delete Titte NAME STREET ADDRESS City-SI-ZIP IDelete Delete	3. Mailing Address DO NOT Suite, Apt. #, etc. DO NOT City & State 4. FEI Number Zip Country Zip Country Street Address (P.O. Box Number is Not Accept City City Street Address (P.O. Box Number is Not Accept City The purpose of changing its registered office or registered agent, or both, in the State City Its registered Agent Its and title if replicable. (NOTE: Registered Agent signature required when remaining) Its and title if replicable. (NOTE: Registered Agent signature required when remaining) Its and title if replicable. (NOTE: Registered Agent signature required when remaining) Its and title if replicable. (NOTE: Registered Agent signature required when remaining) Its and title if replicable. (NOTE: Registered Agent signature required when remaining) Its and title if replicable. (NOTE: Registered Agent signature required when remaining) Its and title if replicable. (NOTE: Registered Agent signature required when remaining) Its and title if replicable. (NOTE: Registered Agent signature required when remaining) DiffectTOHS 12. ADDITIONS/CHANGES TO DiffectTOHS 12. ADDITIONS/CHANGES TO	3. Mailing Address Do NOT WRITE IN THIS SP. Suite, Apt. #, etc. Do NOT WRITE IN THIS SP. City & State 4. FEI Number Zip Country J. Certificate of Statup Desired A Tregistered Agent 7. Name and Address of New Registered Agent I Registered Agent 7. Name and Address of New Registered Agent City FL City FL Or the purpose of changing its registered office or registered agent, or both, in the State of Florida. Atter MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State DDIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND D Differ Address ITTLE MAWE STREET ADDRESS CITY 51-2P ITTLE Delete ITTLE MAKE STREET ADDRESS CITY 51-2P ID Betele ITTLE MAKE	3. Mailing Address DO NOT WRITE IN THIS SPACE Suile, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Zip Country 5. Certificate of Status Desired S8.75 Zip Country 5. Certificate of Status Desired S8.75 Provide Name Streat Address (PO. Box Number is Not Acceptable) City FL City FL City FL Value / septecble (HOTE Registered office or registered agent, or both, in the State of Florida. (HOTE Registered Agent status required when restature) DATE Date City FLE NOWITI FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State D DIRECTORS 12. ADDITIONS/CHANGES COTOFICERS AND DIRECTORS OTHE The NAME Change Make Check Payable to Department of State D Dietee ThE NAME Change OTHE Change STREET ADDRESS Change OTH S