DOCUMENT 1. Entity Name	# A2725	0							W184 5 A
TADD INVESTMENTS, LTD.					FILE	ED	α	A	æ
Principal Place of Busine	ess	Mailing Addres	ss		01 JAN 24	AM 10: 43			
60004 BROOKSIDE DRIVE AMORY MS 38821		60004 BROOKSIDE DRIVE AMORY MS 38821			SECRETARY TALLAHASSE	OF STATE E. FLORIDA	1 3 14 3 1811 3 1814		
2. Principal Place of Bus	iness	3. Mailing Add	ress						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number	59-2912653		Applied For Not Applicabl	
Zip	Country	Zip	Co	untry	5. Certificate of			8.75 Additional ee Required	1
6. Nam	e and Address of Current	Registered Agent			7. Name and A	ddress of New Reg		<u></u>	⇉
ED0440ED0 0D000) OLIOPE & LEWO D A			Name	Name				
FROMBERG, GROSS, SHORE & LEWIS, P.A. 2500 EAST HALLANDALE BEACH BOULEVARD			Street Addres	ss (P.O. Box Number i	is Not Acceptable)		•		
SUITE #800				1					- 1
OUTL #OOD	HALLANDALE FL 33009								_1
	009			City			FL	Zip Code	-
HALLANDALE FL 33	009 ity submits this statement for	r the purpose of ch	nanging its registe		stered agent, or both,	in the State of Florid		Zip Code	
8. The above named ent	ity submits this statement fo			ered office or regis		in the State of Florio		Zip Code	
8. The above named ent	ity submits this statement fo	and title if applicable.	(NOTE: Registe	ered office or regis			da. DATE	· · · · · · · · · · · · · · · · · · ·	
8. The above named ent SIGNATURE Signature, type 9. Capital Contributions as Shown on record.	ity submits this statement for a printed name of registered agent \$53,022.36	and title if applicable. 10. Amous in FLC	(NOTE: Registent of Capital Cont ORIDA to date.	ered office or regis ered Agent signature req tributions	juired when reinstating)	11. MAKE CHECK SEE REVERSE	DATE PAYABLE TESTIDE FOR	Zip Code TO DEPT. OF STATE FEE INFORMATION	
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SIGNATURE:

1/16/2001 (662/257-9958)
Daytime Phone #