	D2 UNIFO UMENT #		· · · · · · · · · · · · · · · · · · ·]	FY2t		0404°C 00000		
1. Entity N			0001339 TIONS, INC.			02	SEP 20	AH :	12		
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Principal Pi	lace of Business		Mailing Address			I IA	LLAHASSE	e. Flori	DA		
7600 SOUT	THLAND BLVD		7600 SOUTHLAND BLVI	D		•					
SUITE 100- ORLANDO			SUITE 100-45		ļ						
UNUNDU	FE 32009		ORLANDO FL 32809			1106111	1 () () 1370 BIJN 18	iii 61 711 33 111 6 8	 		1
2. Principa	Place of Business		3. Mailing Address								
Suite, A	p). #, etc.		Suite, Apt, #, etc.				DO NOT V	WRITE IN THI	IS SPACI	E	
City & State			City & State			4. FEI Numbe	['] 98-01819	923		_	pplied For
Zip	Coun	try	Zip	Country		5. Certificate	of Status Desire		\$8.7		ot Applicab ditional
	6. Name and Ad	dress of Current I	Registered Agent					_	Fee F	leq uire	ed .
			A	Nam	e	7. Name and	Audress of Ne	w Registere	d Agent	<u> </u>	·
WICKS,				Stree	t Address (P	O. Box Numbe	r is Not Accent	ahle)	:		
7600.SOUTHLAND BLVD SUITE 100-45							- 10 Hot Accept	aul e)			
•	100-45 DO FL 32809		*		- ·						
OUT-/14F	DO LE 35009						· · · · · · · · · · · · · · · · · · ·		7 i	- 0-4	
				City					L (-'.	p Cod	8
B. The abov	ve named entity submits	this statement for	the purpose of changing its	'	or registere	d agent, or both	, in the State of	Florida.		p Coa	 -
SIGNATURE	Signature, typed or printed no	ame of registered agent an	nd title if applicable. (NOT	s registered office	nature required w	han reinstating)		Florida.	<u> </u>	p Cod	e
SIGNATURE 9. This corp Tax filing (See crite	<u>=</u>	ame of registered agent artisfy its Intangible s to do so.	FILE NOW After May 1, 20 Make Check Payal	s registered office Registered Agent big III FEE IS \$15 MO2 Fee will be	nature required w 0.00 \$550.00	hen reinstating)	i, in the State of	Financing		\$5.0	O May Be
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May 23/02 613-591-0762