## FOR PROFIT CORPORATION

## FILED Mar 28, 2003 8:00 am Secretary of State

| OMILOUM BOSIME   | 39 NEPUNI                         | (neu)   |  | Secretary  | of State  |
|--|-----------------------------------|---|--|--|---|
| DOCUMENT # F0200  1. Entity Name  Benny Parsons and As:  | ·                                 |   |  | 03-28-2003 9006  | 58 033 ***150.00  |
| DO NOT WRITE   | THE RESERVE HE PARKAGE AND A TOWN |   |  | 700333   | 88  |
| 2. Principal Place of Business 2049 Country Club Dr. Same Suite, Apt. #, etc. Suite, Apt. #, etc.  |                                   |   |  | DO NOT WRITE IN THIS SPACE   |   |
| Dougton Beach FL   | City & State                      |   |  | Number   | Applied For   |
| Zip Country  | Zip                               | Country   |  | 6-13   3   0   7   | \$8.75 Additional   |
| 32128 Volusia  |                                   |   | 7 Nam  | ne and Address of Current Registered   | Fee Required  |
|  |                                   | Name_o  | - 1  | The contract of the contract   |   |
| DO NOT WRITE    Name Ben   a min Parsons   |                                   |   |  |  |   |
| IN THIS SPACE  |                                   |   |  |  |   |
|  |                                   |   |  |  |   |
|  |                                   |   |  | . Beach FL   | Zin Code<br>32/28   |
| 8. The above named equity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |                                   |   |  |  |   |
| SIGNATURE DIMMIN AUM Signature, speci or printed netral proprietable (NOTE: Registored Agent aspirature required when relustating)  [DATE]   |                                   |   |  |  |   |
| Signature, tyled or printed nating of registered agent a   | nd title if applicable. (NOTE     | E: Registered Agent aignature   | required when rela                           | stating) LDATE   |   |
| January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Florida Department of   | State                             |   |  | 9. Election Campaign Financing Trust Fund Contribution.  | \$5.00 May Be<br>Added to Fees  |
| 10. OFFICERS AND   | DIRECTORS                         |   |  | All the beautiful to the contract of the contr |   |
| TITLE President  | _                                 | NAME  |  | lo regerando de la casa de la composición del composición de la composición del composición de la comp | 12/02   |
| STREET ADDRESS CITY-ST-ZIP  Day to a Beach   | Drive                             | STREET ADDRESS  |  |  |   |
| CITY-ST-ZIP Daytona Beach  | FL 32128                          | CITY-61-ZIP   |  |  |   |
| TIME Secretary   |                                   | AINLE SEE   | aleman i i i i i i i i i i i i i i i i i i i |  | CRZE  |
| NAME Teresa E. Parson<br>STREET ADDRESS 2049 Country Club  |                                   | NAME<br>STREET ADDRESS  |  |  | L. C.   |
| CITY-ST-ZIP Dantona Beach F  | L 32128                           | CITY-ST-ZIP   |  |  |   |
| TITLE  |                                   | emile (Personal   |  | etakipin unu (1,000) asa   |   |
| NAME   |                                   | NALAE (   |  |  |   |
| STREET ADDRESS CITY-ST-ZIP   |                                   | STREET ADDRESS  |  | FDO NOT WRI  |   |
| TITLE  |                                   | int :   |  | IN THIS SPA  | history of the second second second section in                                    |
| NAME   |                                   | NAME : 100 CONTROL OF |  |  |   |
| STREET ADDRESS  <br>City-St-Zip  |                                   | STREET ADDRESS:   |  |  |   |
|  |                                   | Printed his distribution of the   |  |  | Terri Baratta Birtini da di Salamani<br>Da Gerra da Propinsione da Propinsione de |
| TITLE<br>NAME  |                                   | NAME: #6  |  |  |   |
| STREET ADDRESS   |                                   | STREET ADDRESS  |  | overova desirbano estado del 1919 de Ferrir.<br>Professo de 1914 de 1914 de 1919 de 1  |   |
| CITY-ST-ZIP  |                                   | CCITY-ST-ZIP@EEE  | designat                                     |  |   |
| TITLE  <br>NAME  |                                   | TITLE TO A PARTY.   |  |  |   |
| STREET ADDRESS   |                                   | STREET ADORESS  |  | ecendo, cocidera estada de en comercia.<br>Destrocado de en estado en encuenta   |   |
| CITY-ST- ZIP   |                                   | GCIY-ST-ZIP   |  |  |   |
| 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 recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with production of the corporation of the corpora |                                   |   |  |  |   |

SIGNATURE: BENJAMIN GANSONS MANCHER, 2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CDato: