2008 FOR PROFIT CORPORATION

FILED Apr 11, 2008 8:00 am Secretary of State

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DOCUMENT # F0600005983 1. Entity Name THE INTERLINK COMPANIES, INC.						•	04-11-200	1 41 y U 98 90055 00			
27500 RIVERVIEW CENTER BLVD				Mailing Address 27500 RIVERVIEW CENTER BLVD BONITA SPRINGS, FL 34134					U ABIN ABIN PATAL PI		1 188) (1 1881
Principal Place of Business - No P.O. Box # 3. Mailing Address				,							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01172008	Chg-P	CR2E0	34 (12/06)	
City & State			City & State				4. FEI Numb		****	<u> </u>	plied For at Applicable
Zip		Country	Zip Cour		ntry		5. Certificate	of Status Desire	ed 🔲	\$8.75 Add Fee Require	litional d
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street Address (P.O. Box Number is Not Acceptable)								
			City	City FL Zip Code							
8. The above	named entit	ty submits this statement t	or the purpose of changing its	s register	ed office or	register	ed agent, or bo	oth, in the State of		 amiliar with,	and accept
the obligations of registered agent. SIGNATURE											
FIL After Ma	FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	PD	OFFICERS AND		11.		റ ം		/CHANGES TO	OFFICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	FLAGEL, 27500 RIV	JASON S VERVIEW CENTER BI SPRINGS, FL 34134	☑ De'etc		4E	Mar 2750	CTOR, A C FIERM O RIVERS ITA SPRIN	HEW CHE.	BND. 34134	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ie Eet address	JAM 2750	SIDENT JES R. (D RIVERVI	SILLIS LEW CTR.	BND. 34134	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY- ST-ZIP			☐ Delete		IE EET ADDRESS (- ST-ZIP	Down 2757 Boni	ita Sprin	BATES EVIEW C	. 34134	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		E Me Eet adoress M-St-Zip	ASST FREI 2750 BON	T. SECRE DERICK D. RIVER VITA SPR	TARY V. PERR NIGO CTI INGS F	L BLD.	□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	1				,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.											
SIGNATURE: 1/23/08 (23) 949-4450 Date Daystrop Priorite D NAME OF SIGNING OFFICER OR DIRECTOR 1/23/08 (23) 949-4450											