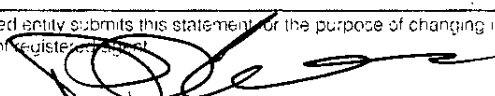
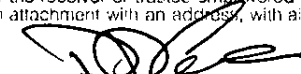


FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F66731 1. Entity Name CAVONIS ENTERPRISES, INC.				Feb 08, 2008 08:00 A Secretary of State	
Principal Place of Business 2500 GOLDHILL ROAD BROOKSVILLE FL 34604		Mailing Address 2500 GOLDHILL ROAD BROOKSVILLE FL 34604			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E034 (10/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2166578 Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CAVONIS, DOUGLAS 2500 GOLD HILL RD BROOKSVILLE FL 34604				7. Name and Address of New Registered Agent Name DOUGLAS CAVONIS Street Address (P.O. Box Number is Not Acceptable) 2500 GOLDHILL RD BROOKSVILLE City FL 34604	
8. The above named entity 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  2.04.08 Signature, typed or printed name not required when not applicable. (NOTE: Registered Agent's signature required when removing agent.) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS, CAVONIS 2500 GOLDHILL RD. BROOKSVILLE FL 34604 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000000820920 ☐ Change ☐ Addition 02/19/08-80003-007 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.					
SIGNATURE:  DOUGLAS CAVONIS 2.04.08 813.73.0847 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					