ORDA NATIONAL MARKETING ASSOCIATES, INC. 05:23-2002 90033 038 ***150.00 Deel Place of Business Maring Address Site of Authors 125 Site, STH Areque Maring Address 126 Site, STH Areque Uite, Apt #, etc. Suite, Apt #, etc. Toddal Place of Business 3. Maing Address Uite, Apt #, etc. Suite, Apt #, etc. Toddal Place of Business 3. Maing Address Uite, Apt #, etc. Suite, Apt #, etc. Toddal Place of Business 3. Maing Address Interview Suite, Apt #, etc. Toddal Place of Business 3. Maing Address Interview Suite, Apt #, etc. Do NOT WRITE IN THIS SPACE Not Applicate of Status Desired P Country 2/p Country 2/p Country 2/p Country 1/p State Address of New Registered Address of New	,	M BUSINESS REP	FILED May 23, 2002 8:00 an Secretary of State		
SPIDA NATIONAL MARKETING ASSOCIATES, INC. 05-23-2002 90033 038 ***150.00 paid Place of Budmess Nalling Address SW BTH ARDUE 125 SW BTH ARDUE In R. 2017 Do NOT WRITE IN THIS SPACE Do NOT WRITE IN THIS SPACE Do NOT WRITE IN THIS SPACE P Country 270 Country 3. Certificate of Status Dated S. Certificate of Status Dated ************************************	DOCUMENT # F81826 1. Entity Name			Secretary of State	
Silv (FY AVENUE In C 2017A 122 S W. 6TH AVENUE UMAIL FT. 5017A 122 S W. 6TH AVENUE UMAIL FT. 5017A Incode Place of Business 3. Mailing Address	LORIDA NATIONAL MAR	KETING ASSOCIATES, INC.		05-23-2002 90033 038 ***150.00	
If PE \$3174 IAMI P. \$3774 Incipal Place of Business 3. Mailing Address Unit, Apt. #, cic. Suite. Act. #, eic. It was and Address of Country Country Ig Country	rincipal Place of Business	Mailing Address		_	
	225 S.W. 87TH AVENUE		IUE		
	AMI FL 33174	MIAMI FL 33174			
	Principal Place of Business	3. Mailing Address			
Normality Normality Normality p Country 2/p Country S. Certificate of Statu Desired 95,75,Additional ef' Name and Address of Ourrent Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent AVNE, ROBERT 25 S.W. 87TH AVENUE Name Name and Address of New Registered Agent AVNE, ROBERT Strest Address (P.O. Box Number is Not Acceptable) FL Zip Code AMR FL 33174 City FL Zip Code he above named entity summts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florda. With The State of Florda. WATURE Total Registering the flordange of the registering in the registering in the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florda. With The State of Florda. WATURE Total Registering in the statement in the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florda. With Registering in the statement is not decising in the statement in the statement is not Acceptable in the statement in the statement is not Acceptable in the statement in the statement is not Acceptable in the statement in the purpose of changing its registering in the statement in the purpose of changing its registered office or registered agent, or both, in the State of Florda. WATURE Flore North Registered Agent if the registering in the statement in the state decising i	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>	DO NOT WRITE IN THIS SPACE	
	City & State	City & State		4. FEI Number NOT APPLICABLE Applied For Not Applicable	
AYNE, ROBERT AYNE, ROBERT Street Address (P.O. Box Number is Not Accoptable) Street Address (P.O. Box Number is Not Accoptable) Arter Address (P.O. Box Number is Not Accoptable) City FL Zp Code Law FL Zp Code Law FL Dp Code FLE Notice City FL Zp Code FLE Code FLE Cod	Zip Country	Zip	Country		
AVNE, ROBERT Street Address (F.O. Box Number is Not Acceptable) Street Address (F.O. Box Number is Not Acceptable) City City FL Zip Code City FL State of Flocins. Attract May 1, 2002 Fee will be \$550.00 Total Fund Contribution Added to Fees City Attract May 1, 2002 Fee will be \$550.00 Total Fund Contribution Added to Fees City City FLE NOWILL FEELS.\$150.00 Total Fund Contribution Stood Nage Be context no not ack? City City City City City City City City	6. Name and Addr	ess of Current Registered Agent			
AMI FL 33174 City FL Zip Code City FL Zip Code he above named entity submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida. ATTRE Spature, typed or privat name of light and blocks to do so. Atter May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State OATE Mining regularization on back/ OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN 11 TADRESS OFFICERS AND DIRECTORS IN 11 Deide THE MAKE TL 33174 OFFICERS AND DIRECTORS IN 11 Change Added to Fees Stard Deide THE Added to Fees Stard Deide THE Added to Fees Stare Deide	Wayne, Robert 1225 S.W. 87th Avenue				
	MIAMI FL 33174				
ATURE	یب بیده بی است. ا	فالاست يفقك ليدرون المحمور والهيمة	City	FL Zip Code	
Spatule, typed orphage name of logicity is intangible ITE required dypet spatules required when intentiality) DATE This corporation is deliptible to gatisfy its intangible Affer May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State "10": Flection Campaign Financing" \$5.00 May Be Added to Fees See criteria on back) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME Added to Fees I August State Delide This State ADDRESS ITTLE Addition Change Addition I August State Delide This State ADDRESS ITTLE Addition Ittle Addition I August State Delide This State ADDRESS Ittle Ittle Ittle Addition I August State Delide This State ADDRESS Ittle Ittle Ittle Addition I August State Delide This State ADDRESS Ittle Ittle Ittle Addition I August State Delide This State ADDRESS Ittle Ittle Ittle Ittle I August State Delide This State ADDRESS Ittle Ittle Ittle Ittle Ittle	The above named entity submits t	his statement for the purpose of changing	g its registered office or registered	stered agent, or both, in the State of Florida.	
Spatule, typed orphage name of logicity is intangible ITE required dypet spatules required when intentiality) DATE This corporation is deliptible to gatisfy its intangible Affer May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State "10": Flection Campaign Financing" \$5.00 May Be Added to Fees See criteria on back) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME Added to Fees I August State Delide This State ADDRESS ITTLE Addition Change Addition I August State Delide This State ADDRESS ITTLE Addition Ittle Addition I August State Delide This State ADDRESS Ittle Ittle Ittle Addition I August State Delide This State ADDRESS Ittle Ittle Ittle Addition I August State Delide This State ADDRESS Ittle Ittle Ittle Addition I August State Delide This State ADDRESS Ittle Ittle Ittle Ittle I August State Delide This State ADDRESS Ittle Ittle Ittle Ittle Ittle					
Tables After May 1, 2002 Fee will be \$55.00 Trust Fund Contribution: Addition See criteria on back) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TADDRSS Trust Fund Contribution: Change Addition WANNE, ROBERT Deide ThE MAWE 1225 SW 87TH AVE Change Change Addition WANIE, ROBERT Deide ThE MAWE Street ADDRSS 57.2P Change Change Addition Addition TADDRSS Street ADDRSS Change Additi	GNATURE	e of registered agent and title if applicable.	(NOTE: Registered Agent signature req	uired when reinstaling) DATE	
Tax Illing requirement and elects to do so		sfy its Intangible FILE NC	WIII FEE IS \$150.00_		
DP WAYNE, ROBERT 1225 SW 87TH AVE ST-ZP Charge Addition MAME 11 ADDRESS ST-ZP STREET ADDRESS ST-ZP Charge Addition 11 ADDRESS ST-ZP Delete ThE NAME Charge Addition 12 ADDRESS ST-ZP Delete ThE NAME Charge Addition 13 ADDRESS ST-ZP Delete ThE NAME Charge Addition 14 ADDRESS ST-ZP Delete ThE NAME Charge Addition 15 ADDRESS ST-ZP Delete THE NAME Charge Addition 16 ADDRESS ST-ZP Delete THE NAME Charge Addition 17 ADDRESS ST-ZP Delete THE NAME Charge Addition 16 ADDRESS ST-ZP Delete <th>Tax filing requirement and elects (See criteria on back)</th> <th></th> <th></th> <th>Trust Fund Contribution.</th>	Tax filing requirement and elects (See criteria on back)			Trust Fund Contribution.	
WAYNE, ROBERT 1200/RESS IMAME ST-ZP STREET ADDRESS IT ADDRESS Delete IT ADDRESS CTV-ST-ZP IT ADDRESS CTV-ST-ZP <t< th=""><th></th><th>DFFICERS AND DIRECTORS</th><th>12.</th><th></th></t<>		DFFICERS AND DIRECTORS	12.		
TADDRESS 1225 SW 87TH AVE MAMI FL 33174 STRET ADDRESS CITY-ST-2P I ADDRESS ITLE I ADDRESS CITY-ST-2P I		Delete		Change Addition	
I ADDRESS Int.E Int.E Int.E Addition ST. 2IP Int.E NAME STREET ADDRESS Int.E	EET ADDRESS 1225 SW 87TH AVE				
T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP Delele TTLE NAME STREET ADDRESS ST-ZIP Delele TTLE NAME STREET ADDRESS ST-ZIP Delele TTLE NAME STREET ADDRESS ST-ZIP Delele TTLE NAME STREET ADDRESS ST-ZIP Delele TTLE NAME STREET ADDRESS ST-ZIP Delele TTLE NAME STREET ADDRESS ST-ZIP Delele TTLE NAME STREET ADDRESS ST-ZIP Delele TTLE NAME STREET ADDRESS ST-ZIP Delele TTLE NAME STREET ADDRESS ST-ZIP Delele TTLE NAME STREET ADDRESS ST-ZIP Delele TTLE NAME STREET ADDRESS ST-ZIP Delele TTLE NAME STREET ADDRESS ST-ZIP Delele TTLE NAME STREET ADDRESS ST-ZIP Delele TTLE NAME STREET ADDRESS ST-ZIP Delele TTLE NAME STREET ADDRESS ST-ZIP DELEL STREET ADDRESS STREET ADDRESS ST-ZIP DELEL STREET ADDRESS STREET ADDRESS STREET ADDRESS ST-ZIP DELEL STREET ADDRESS STREET ADDRESS STREET ADDRESS ST-ZIP DELEL STREET ADDRESS STREET ADRESS			CITY-ST-ZIP		
IT ADDRESS STREET ADDRESS ST. ZIP Delete IT ADDRESS STREET ADDRESS ST. ZIP CITY-ST-ZIP IT ADDRESS STREET ADDRESS ST. ZIP CITY-ST-ZIP IT ADDRESS STREET ADDRESS ST. ZIP CITY-ST-ZIP IT ADDRESS STREET ADDRESS ST. ZIP Delete IT ADDRESS STREET ADDRESS ST. ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS ST. ZIP Delete TITLE <tr< td=""><td>LE</td><td>Delete</td><td></td><td>Change Addition</td></tr<>	LE	Delete		Change Addition	
ST-ZIP CITY-ST-ZIP I Delete TILE NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP I AdoRess STREET ADDRESS ST-ZIP CITY-ST-ZIP I Delete TILE NAME CITY-ST-ZIP I AdoRess STREET ADDRESS ST-ZIP CITY-ST-ZIP I AddRess CITY-ST-ZIP	Me Heet Address				
T ADDRESS	-ST-ZIP		CITY-ST-ZIP		
TADORESS STREET ADDRESS ST-ZIP CITY-ST-ZIP T ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP T ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Additic STREET ADDRESS ST-ZIP Delete TITLE I ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 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 ceport and the corpore canter state empowere	E	Delete		Change Addition	
ST-ZIP CIY-ST-ZIP I ADDRESS ITLE ST-ZIP ITLE I ADDRESS STRET ADDRESS ST-ZIP Delete I ADDRESS CIY-ST-ZIP I ADDRESS CIY-ST-ZIP I ADDRESS CIY-ST-ZIP I ADDRESS STRET ADDRESS ST-ZIP Delete I ADDRESS STRET ADDRESS ST-ZIP Delete I ADDRESS STRET ADDRESS ST-ZIP CIY-ST-ZIP I ADDRESS STRET ADDRESS ST-ZIP Delete I ADDRESS CIY-ST-ZIP I ADDRESS STRET ADDRESS ST-ZIP Delete 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 coefficient is report and the reserver entropy 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 coefficient is report or Supplemental	IE EET ADORESS				
T ADDRESS STREET ADDRESS ST-ZIP Delete T ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP T ADDRESS STREET ADDRESS ST-ZIP Delete T ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS ST-ZIP Delete T ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS ST-ZIP Delete T ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP	-ST-ZIP				
T ADDRESS STREET ADDRESS ST-ZIP Delete T ADDRESS CITY-ST-ZIP T ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP T ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME CITY-ST-ZIP Delete TITLE NAME CITY-ST-ZIP I ADDRESS STREET ADDRESS ST-ZIP Delete I horeby 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 or director or the receiver 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 of the corporation or the receiver certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I am officer or director I hereby certify that the information supplied with this filing does not qualify for the exemption	E			Change Addition	
ST-ZIP CITY-ST-ZIP I ADDRESS ITHLE T ADDRESS STREET ADDRESS ST-ZIP Integration I ADDRESS STREET ADDRESS ST-ZIP Integration I Delete ITHLE NAME STREET ADDRESS ST-ZIP Integration I Delete ITHLE NAME Integration ST-ZIP Integration I ADDRESS STREET ADDRESS ST-ZIP Integration I ADDRESS STREET ADDRESS ST-ZIP Integration 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 cepert 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 receiver certifies empty 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 certifies empty 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 certifies empty 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 certifies and that my name apogears in Block I 10 or Block I 2 if the statutes in the information in t	ME IEET ADDRESS				
T ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS ST-ZIP Delete T ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP I ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP 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 reperties 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 or director of the recorrection or the receiver artificate empty error of a securite this report or Supplemental reperties 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 reperties that the information stated in Section 119.07(3)(i), Florida Statutes. I am officer or director or director or the receiver artificate empty end to accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director or director or the receiver artificate empty end to accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director or director or director or the receiver artificated empty end to accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director or director or director or the receiver artificated empty	-ST-ZIP				
T ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS ST-ZIP Change Addition T ADDRESS ST-ZIP Delete TITLE NAME STREET ADDRESS ST-ZIP	E	Delete		Change Addition	
ST-ZIP CITY-ST-ZIP IT ADDRESS ITILE ST-ZIP ITILE IT ADDRESS STREET ADDRESS ST-ZIP ITILE It 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 reperties true and facturate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the receiver entify state employmental to recurre this report or supplemental reperties that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receiver entify the entities and that my signature shall have the same legal effect as if made under oath; that I am an officer or director or director of the receiver entities employmental to prove the same legal effect as if made under oath; that I am an officer or director or director of the receiver entities employmental to prove the same legal effect as if made under oath; that I am an officer or director of the receiver entities that the information supplies that the information indicated on the receiver entities that the information supplies that the information of the corporation of the receiver entities that the information supplies that the information indicated on the receiver entities that the information of the receiver entities thath thath thath that the information of the receiver en	IE EFT ADDRESS	+ +_			
T ADDRESS ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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 cenerties 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 artificiate employment of the execute this report of Statutes. I further certify that the information indicated on this report of supplemental cenerties 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 artificate employment to receive this report of the corporation of the corporat	-ST-ZIP				
TADDRESS ST-ZIP ST-ZIP ST-ZIP ST-ZIP Thereby 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 cenerties 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 recorrection or the receiver artificities employeered to execute this report of as reporting of the correction or the receiver artificities employeered to execute this report of a California Statutes. I further certify that the information of the correction or the receiver artificities employeered to execute this report of a California Statutes. I further certify that I or Block 12 is the receiver artificities of the correction of the correct		Delete	TITLE	Change Addition	
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 receiver artifistee emptiwered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 11 or Block 12 in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver artifistee emptiwered to execute this remain as required by Chapter 607. Florida Statutes: and that my name appears in Block 11 or Block 12 in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver artifistee emptive and that my name appears in Block 11 or Block 12 in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver artifistee emptive and that my name appears in Block 11 or Block 12 in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver artifistee emptive and that my name appears in Block 11 or Block 12 in the same legal effect as if the same legal effect as in the same legal effec	1		STREET ADDRESS		
of the corporation or the receiver of trustee employeed to execute this report as required by Unabler 607. Florida Statutes: and that my name appears in block 11 of block 121	ME REET ADDRESS		611-51-712		
changed, or on an attachment with an address with all other like empowered.	AE EET ADDRESS (~ST-ZIP	on supplied with this filing does not qualif		Section 119.07(3)(i), Florida Statutes. I further certify that the information	
GNATURE. (305) 24-3397	E ET ADDRESS -ST-ZIP I hereby certify that the information indicated on this report or supple of the corporation or the receiver	, en trustee employered to execute this re	y for the exemption stated in hat my signature shall have to out as required by Chapter	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	