DOCUMENT # F9700005623 1. Entity Name THE SOURCE MAYTHENYI, INC.					FILED Aug 10, 2000 8:00 am Secretary of State			
INE SC	JUNCE WATTHENTI, INC.			N	Secret	arv n	f Sta	v am ite
Principal Place of Business Mailing Address					08-10-2000			
1499 W. PALA BOCA RATON	METTO PARK RD., STE. 120 FL 33486	1499 W. PALMETTO PARK RD., STE. 120 BOCA RATON FL 33486						
·		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WR	ITE IN THIS S	PACE	
City & Stat	е	City & State			4. FEI Number 52-20598	21	<u>_</u>	plied For t Applicable
Zìp	Country	Zip 	Count	try	5. Certificate of Status Desired		\$8.75 Add	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New I	Registered A	gent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Name Street Address (P.O. Box Number is Not Acceptable)					
								* E-1417/1014 E-00024
The above named entity submits this statement for the purpose of changing its registere				and amount our brother in the Chair of El	FL	2.0000		
• The above	rialitied entity submits this statement for tr	ne purpose or changing in	s registere	a office or register	ed agent, or both, in the State of Fi	orida.		
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NO	TE: Registered	Agent signature required	when reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$5					10. Electi; n Campaign Fi	nonoina		2
	equirement and elects to do so.	After SEPTEMBER 13, 2000 Min. will be \$7. Make Check Payable to Department of St			Trust Fund Contribution			O May Be to Fees
11.	OFFICERS AND DI	L	12.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	IN 11
TITLE NAME	op Maythenyi, pamela	Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS 1499 W. PALMETTO PARK RD., STE. 120 STRE			ET ADDRESS ST-ZIP					
TITLE	DOCA RATON PL 33486	☐ Delete	TITLE		n= , ,		Change	
NAME	ing the second s	ー Townson 部 、 さらt	NAME	I	: -	war jaj		
STREET ADDRESS CITY-ST-ZIP	شان بسیریشادد. با بیشند و در در بسیریشادد	and the second second		T ADDRESS ST-ZIP		آيا. افوري ما		
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	all or starting		NAME STREE	T ADDRESS				
CITY-ST-ZIP	ا المراجع المراجع			ST-ZIP	٠	15-		
TITLE		☐ Delete	TITLE	l			☐ Change	Addition .
NAME STREET ADDRESS	1		NAME STREE	T ADDRESS	•			
CITY-ST-ZIP	The second secon	,~~		ST-ZIP				
TITLE		☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS			NAME	T ADDRESS	•	_ ~		1
CITY-ST-ZIP				ST-ZIP		100	waye 1	
TITLE		☐ Delete	TITLE	!			☐ Change	Addition
NAME STREET ADDRESS			NAME	T ADORESS				
CITY-ST-ZIP	<u> </u>			ST-ZIP		, w		
13. 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: CONNECTOR FUND STUTY 1/28/00 561-392-9701 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytome Prione #								