## FOR PROFIT CORPORATION

FILED
Mar 17, 2005 8:00 am
Secretary of State

Daytime Phone #

DO NOT WRITE IN THIS SPACE    City	DOCUMENT # F98000001363				03-17-2005 90022 016	03-17-2005 90022 016 ***150.00	
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 27.0 Bruner Rd.  Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State Lexington, SC Lexington  Lexington  20  Lexington  20  Lexington  20  Lexington  20  20  Lexington  20  20  20  20  20  20  20  20  20  2	1. Entity Name		•				
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Lexington, SC Lexington   57-0851059   Not Applicable   37			· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE IN THIS SPACE		
Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   T. Name and Address of Current Registered Agent   Name   Nam					= -		
DO NOT WRITE IN THIS SPACE    The above named entity submits this statement for the purpose of changing its registered dentity submits this statement for the purpose of changing its registered dentity submits this statement for the purpose of changing its registered dentity submits this statement for the purpose of changing its registered dentity submits this statement for the purpose of changing its registered dentity submits this statement for the purpose of changing its registered dentity submits it is state of froinds. I am familiar with, and accept the obligations of registered agent.   NOTE Registered Agent signature required when reinstating)   DATE		Country		Country	57-0851059		
DO NOT WRITE IN THIS SPACE    City	29072	1	,		5. Certificate of Status Desired		
Note				7. N	ame and Address of Current Regi	stered Agent	
Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Rt. 10 Box 293  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acc							
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. Signature required when reinstaling.  Signature. There is \$150.00  After May 1; Fee is \$550.00  After May 1; Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Gilbert SC 29054  CITY-ST-ZIP  Gilbert SC 29054  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Gilbert SC 29054  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREE	DO NOT WRITE						
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SIGNATURE: // 64 ()   / 2007   Rom U. Kellis   37 / 3   803-957-8989   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #	SIGNATURE:	ATURE AND TYPED OF	Rom D. Kellis	GNING OFFICER OF		303-957-8989	