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1. Entity Nam-	e	# <b>F980000</b> 0 IG CO., INC.		FILED Jan 17, 2001 8:00 am Secretary of State							
Principal Place 6126 SCARLET ( HOUSTON TX 73	DRIVE		Mailing Address PO BOX 330128 HOUSTON TX 77233					17-2001 900	•		
2. Principal P	lace of Busin	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_		DO NOT WRITE	IN THIS SP	ACE	
City & State			City & State			<b>4.</b> F	El Number	74-2123832		· · ·	olied For Applicable
Zíp		Country	Zip	try	5. Certificate of Status Desired   \$8.75 Additional Fee Required						
	6. Name	and Address of Current Re	egistered Agent		Name	7. N	lame and Addr	ess of New Reg	istered Ag	ent	
1200 PLAN				ss (P.O. B	lox Number is N	lot Acceptable)					
				City				FL	Zip Code		
8. The above	named entity	submits this statement for t	he purpose of changing its	register	ed office or regi	stered age	ent, or both, in t	the State of Florid	ia.	1	
SIGNATURE _	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signature req	uired when re	einstating)		DATE		
Tax filing r	_	ble to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				i	Campaign Finan nd Contribution.	cing		May Be to Fees
11.		OFFICERS AND DI	RECTORS	12.		AD	DITIONS/CHAI	NGES TO OFFIC	ERS AND D	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST JORDON, 4427 WIG HOUSTON							Ţ	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIMPERIO, STEVEN J 2025 PECAN ORCHARD RD. LEAGUE CITY TX 77573				E EET ADDRESS - ST-ZIP				[	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ =====================================	Delete		<b>I</b>				[	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	☐ Delete						[	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition
of the cor	poration or th	e information supplied with the tor supplemental report is true receiver or trustee empowers with an address, with an address, with an address.	ered to execute this report	as requi	mption stated in ture shall have t red by Chapter	n Section 1 the same l 607, Florid	119.07(3)(i), Flo legal effect as it da Statutes; and	rida Statutes. I fu made under oat d that my name a	arther certifi h; that I am appears in I	y that the in an officer of Block 11 or	formation or director Block 12 if
SIGNATURE: Steven Steven J. Dimperio 01/08/200) (713) 991-7750											