3/2 **DOCUMENT # K47840** Apr 27, 2000 8:00 am Secretary of State LAKESHORE INVESTMENTS, INC. 03-02-2000 90035 024 ***150.00 Principal Place of Business Mailing Address 923 LAKESHORE BLVD 923 LAKESHORE BLVD ST COULD FL 34769 ST COULD FL 34769-2302 2. Principal Place of Business 3. Mailing Address 31 LAKESHORE O Box Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2975776 Not Applicable OSCEO /4 Country \$8.75 Additional 5. Certificate of Status Desired Osceol A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARZT, ARZT-PRACIDENT ENNETH ARRT, KENNETH Street Address (P.O. Box Number is Not Acceptable) 4454 CAMBELL RD PO BOX 422933 422933 (MAILING AddRESS KISSIMMEE FL(34746) 34742 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. NetH registered agent and title if applicat FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00

(See criteria on back)		Make Check Payable	Make Check Payable to Department of State		Irust rund Contribution.	⊔ Aokoe	o to rees	
11. OFFICERS AND DIRECTORS			12.	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME STREET AODRESS CITY-ST-ZIP	PD MCGRAW, PEGGY 923 LAKESHORE BLVD ST COULD FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME RCS. STREET ADDRESS CITY-ST-ZIP	Kenneth Ar 4454 Campbell Kissimmee,FL 34	et Delete Road 4746	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Kissimmee, FL 34 Ferne ARZT 4454 CAmpbell Kissimmee, FL	1 Delete Rd : 34746	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	Addition	

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:

NATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR