DOCU 1. Entity Nam	MENT # LOOOOC		DRT	(UBR)		M S	FI ar 24, 2 becreta 03-24-2002 9		2 8:0 of Sta		n [§]
Principal Place of Business 9471 BAYMEADOWS ROAD. SUITE 403 JACKSONVILLE FL 32256		Mailing Address 9471 BAYMEADOWS ROAD. SUITE 403 JACKSONVILLE FL 32256				1000 ET WAL ON CO			352	-	
2. Principal P	Place of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State	e	City & State			4. FEI 1	4. FEI Number 59-3694842 Applied For Not Applicable]
Zip	Country	Zip	Zip Count			ry 5. Certificate of Status Desire			¢5 00 Additional		
	6. Name and Address of Currer	nt Registered Agent					tress of New Reg				-
YOUNG, JAMES R 9471 BAYMEADOWS ROAD, SUITE 403 JACKSONVILLE FL 32256				Name Street Addres	s (P.O. Box 1	Number is	Not Acceptable)				-
				City				FL	Zip Cod	9	
8. The above	named entity submits this statement	for the purpose of changing its	registere	d office or regis	stered agent,	or both, ir	the State of Floric	- —	· .		
SIGNATURE _	Signature, typed or printed name of registered age										
		FILE N Make Check Pa Du	OW!!! F	Agent signature required EE IS \$50.0 Departmentry 1, 2002	0			DATE			
9. TITLE	MANAGING MEMBERS / MANAGERS			·			ADDITIONS/CI		Change	Addition	Ē
NAME STREET ADDRESS CITY - ST-ZIP	YOUNGLAND GROUP INC. 9471 BAYMEADOWS RD #403 JACKSONVILLE FL 32256			T ADDRESS ST-ZIP					Change	Addition	CR2E083 (9/01)
TITLE NAME STREET ADDRESS	Mem Johns, A J 3225 Anniston RD	Delete	TITLE NAME STREE						Change	Addition	CRS
CITY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE FL 32246 MEM JOHNS, MARK V 3225 ANNISTON RD	Delete	TITLE	ST-ZIP					Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL 32246 MEM SCHMITT, RYAN M 3225 ANNISTON RD	Delete	TITLE NAME STREE	T ADDRESS					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL 32246	Delete	TITLE NAME	T ADDRESS				(🛄 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME	TADDRESS				[Change	Addition	
indicated i	ertify that the information supplied wit on this report is true and accurate an bility company or the receiver or truste URE:	d that my signature shall have i	the same.	legal effect as i	f made undei	r oath' tha	t Iam a managing	rther certify member	that the in or manager (904) 31-94	formation of the	