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S. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -WARD, LORI-ELLEN MATTHEWS & HAWKINS, P.A. 607 HIGHWAY 98 EAST DESTIN FL 32541 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. SIGNATURE SIGNATURE MANAGING MEMBERS MA	City & State		City & State		4. FEI Number Applied For Not Applicable
Name -WARD, LORI-ELLEN MATTHEWS & HAWKINS, P.A. 607 HIGHWAY 98 EAST DESTIN FL 32541 City FL Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and talls if applicable. NOTE: Registered Agent stynature required when relintation; PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 26, 2001 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE MGR RICHARDSON, JAMES L P.O. BOX 9 DESTIN FL 32540 TITLE NAME OFFICE ADDRESS CITY-ST-ZIP TITLE	Zip	Country	Zip	Country	1 5. Centificate of Status Desireo 1 1
MATTHEWS & HAWKINS, P.A. 607 HIGHWAY 98 EAST DESTIN FL 32541 City FL Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and table it applicable. NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 26, 2001 9. MANAGING MEMBERS/MANAGERS ITILE MGR RICHARDSON, JAMES L P.O. BOX 9 DESTIN FL 32540 TILE NAME STREET ADDRESS CITY-ST-ZIP DESTIN FL 32540 Delete TILE O Delete TILE O Delete STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP NAME STR		6. Name and Address of Current	t Registered Agent	Name	7. Name and Address of New Registered Agent
######\$50.00 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	MATTHEWS & HAWKINS, P.A. 607 HIGHWAY 98 EAST			Street Addres	s (P.O. Box Number is Not Acceptable)
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 26, 2001 9.				City	FL Zip Code
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 26, 2001 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR CHARDSON, JAMES L STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM	8. The above	named entity submits this statement for	or the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida.
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TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 11. 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	TITLE		☐ Delete		☐ Change ☐ Addition

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

9/25/01 & Daytime Phone #

CR2E083 (5/01)