SIGNATURE:

DOCUM	ENT#	L00000	007837	• **	18 M	5.37	grada sana arangga Ta		A. 推上。	er je		6161
1. Entity Name POLLIN PAT	1			Ť.	~		gre-1 }			r. ³²		S
· CESITIAI				,			1-1	LED	• • •			
				-	<u> </u>	01	l un	30 AM	8:1.7			
Principal Place of	•		Mailing Address									•
830-13 A1A NORTH, #248 PONTE VEDRA BEACH FL 32082-0000			830-13 A1A NORTH. #248 PONTE VEDRA BEACH FL 32082-0000				ECRETA!	RY OF S	INTE	f		
4	-			-1000 000	~	1,A	LLANAS	SEE, FL	UKIDA			-
	1											
2. Principal Place of Businessi		: تدا ده	3. Mailing Address)	ich de nic ha nch i	POTEL MOTEL DEFIT	L RAINI (RAOL (A)	69 LYILY 1901 1901	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI N	Number 5	2-228	5910		Applied For	
Zip	Co	puntry	Zip	Country	y	5 Certii	ficate of Sta			\$5.00 A	Not Applicable	
6	5. Name and	Address of Current Reg	Istered Agent				e and Addr			Fee Requi	red	
	i		Sant Sant		Name		v anu Muur	oss of New	negistered	Agent		
POLLIN, ROBERT E					Street Addr	ress (P.O. Box N	lumber is No	ot Acceptab	le)			
830-13 A1A N				_				· ·	<u> </u>			
PONTE VEDRA	A BEACH FL	. 32082-0000		L	633							
			***************************************		City			-	FI	L Zip Co	de	
8. The above nam	ned entity subi	mits this statement for the	purpose of changing its r	egistered	office or reg	gistered agent, o	or both, in th	e State of F	lorida.			
SIGNATURE		· .					-					
Signa	ature, typed or prints											
		ed name of registered agent and til	le if applicable. (NOTE:	Registered A	gent signature re	equired when reinstatir		ССА	DATE			
	(ed name of registered agent and to			gent signature re			004 -08/02	513	081	—— 1	
	i	o name of registered agent and to		W!!! FE	E IS \$50	.00		-08/02	513 /010	081 1068	027	
9.	i	MANAGING MEMBERS	FILE NO Make Check Pay	W!!! FE	E IS \$50	.00	100	-08/02	513 /010 50.00	1068 *****	027	1
9. TITLE			FILE NO Make Check Pay	W!!! FE able to 1	E IS \$50 Departme	ont of State	Robei	-08/02 ***** ADDITIONS	513 /01-0 50.00 B/CHANGES MGR	1068 *****	027 50.00	- (00/
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MANAGER, OR AUTHORIZED REPRESENTATIVE