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Country  Country  Country  Country  Country  S. Certificate of status Desired  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. The above named entity submits this statement for the purpose of changing its - Agistered office or registered agent, or both, in the State of Florida.  SICNATURE  Signature	City & State		City & State									7
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its ragistered office or registered agent, or both, in the State of Florida.  SICNATURE  Syndres types or pritted name of registered agent and the registered Agent spouse registered agent, or both, in the State of Florida.  SICNATURE  FILE NC WILL FEE IS \$50.00  Make Check Par able to Department of State  FILE NC WILL FEE IS \$50.00  Make Check Par able to Department of State  #####\$55, IUI  ADDITIONS/CHANGES  DEPARTMENT ADDITIONS/CHANG	Žin	Country		ntry	65-1025915			No	ot Applicable	•		
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TALLAHASSEE FL 32315  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  Synthem, typed or protect name of requiseed agent and size if applicable. (NOTE Requised Agent Synthems, typed or protect name of requiseed agent and size if applicable.  FILE N WI!! FEE IS \$50.00  Make Check Per able to Department of State  #***********************************					Street	Address (P.O.	(P.O. Box Number is Not Acceptable)					
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1. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	I hereby cer indicated or	n this report is true and accurate and	i that my signature shall have i	the exer	nption sta	act as if made	under	nath: that I am a m	ites. I further c nanaging mem	ertify that the in ber or manage	formation of the	1
SIGNATURE: 4/24/6/ 305 447 0280 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, NO RAUTHORIZED REPRESENTATIVE Date Deviling Phone #	SIGNATU	IRE: William	Walley.	<u> </u>	<b>)</b>			4/24/01	309	9470	280	