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DESIGNSBYDEBBIE.COM, LLC			01 MAY -2 PM 1: 38	•
Principal Place of Business 603 1/2 SOUTH YONGE ST.	Mailing Address 603 1/2 SOUTH YONGE	3 T .	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
ORMOND BEACH FL 32174	ORMOND BEACH FL 32			
2. Principal Place of Business. 6031/25. York- Suite, Apt. #, etc.	E SI 603 1/2 Suite, Apt. #, etc.	SOUTH YEARE	DO NOT WRITE IN THIS	SPACE:
City & State ORMOND BEACH, FL Zip Country		EALH, FL	4. FEI Number .	Applied For Not Applicable \$5.00 Additional
321)4 <i>US</i> _	32174	<u>US</u>		Fee Required
6. Name and Address of Cu	rrent Registered Agent	Name	7. Name and Address of New Registered	- Gaut
FRIEBIS, DANIEL S 3890 TURTLE CREEK DRIVE, #B-1		Street Address	s (P.O. Box Number is Not Acceptable)	
PORT ORANGE FL 32127		City	FL	Zip Code
	ent for the purpose of changing its	s egistered office or regist	ered agent, or both, in the State of Florida.	
3. The above named entity submits this statem SIGNATURE Signature, typed or printed name of registered	d agent and title if applicable. (NO	e agistered office or regist Registered Agent signature require (NVIII FEE IS \$50.00	of State DATE DATE 2000143160 -05/24/010	1098025
3. The above named entity submits this statem SIGNATURE Signature, typed or printed name of registered	of agent and title if applicable. (NO FILE N	Registered Agent signature required (W!!! FEE IS \$50.00)	of State 200043160 -05/24/01-00 *****50.00	1098025 *****50.00
3. The above named entity submits this statem SIGNATURE Signature, typed or printed name of registered MANAGING M TITLE TO BEST DENT AND ARTY DEMICE	Tagent and title if applicable. (NO FILE N Make Check Page 1) MEMBERS/MEMBERS Delete	Registered Agent signature requirement W!!! FEE IS \$50.00 able to Department 10. TITLE NAME STREET ADDRESS	of State DATE DATE 2000143160 -05/24/010	1098025 *****50.00
SIGNATURE Signature, typed or printed name of registered MANAGING M TITLE JAME MARTY DEMICH GRADUS SEACH ORMAND BEACH WE PRES	FILE N Make Check Pa MEMBERS/MEMBERS Delete HELE FL TO Delete	Registered Agent signature requirement Will FEE IS \$50.00 Bible to Department 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	of State 200043160 -05/24/01-00 *****50.00	1098025 *****50.00
SIGNATURE Signature, typed or printed name of registered signature. Typ	FILE N Make Check Pa MEMBERS/MEMBERS Delete HELE FL TO Delete	Registered Agent signature required in the state of the s	of State 200043160 -05/24/01-00 *****50.00	1098025 *****50.00
SIGNATURE Signature, typed or printed name of registered Signature, typed or printed name of registered MANAGING M TITLE JAME STREET ADDRESS CITY-ST-ZIP JEBSIE DEMICH VICE PRES JEBSIE DEMICHE CO3 1/2 5: YONGE COM COD DEACH STREET ADDRESS CITY-ST-ZIP COM COD DEACH COM	FILE N Make Check Po MEMBERS/MEMBERS Delete HELE ST. HELE ST.	Registered Agent signature required agent sign	of State 200043160 -05/24/01-00 *****50.00	1098025 *****50.00 Change Addition Change Addition
SIGNATURE Signature, typed or printed name of registered printed	FILE N Make Check Pa MEMBERS/MEMBERS Delete FLE FL 32174 Delete FLE ST FL 32174 Delete	TE Registered Agent signature required to the control of the contr	of State 200043160 -05/24/01-00 *****50.00	Change