DOCUI  1. Entity Nam  JASOS GR		10198			SECRETI VISION O	TILED STATE ARY OF STATE ONS FCORPORATIONS 29 AM 10: 10	M 10/07	
Principal Place of Business 605 CRESCENT EXECUTIVE COURT SUITE 300 PMB 413 LAKE MARY FL 32746-2104		Mailing Address 605 CRESCENT EXECUTIVE COURT SUITE 300 PMB 413 LAKE MARY FL 32746-2104		İ	11 <b>11</b> 111		) 	
2. Principal Place of Business  801 International Parkway  Suite, Apt. #, etc.		3. Mailing Address  BOI International PKmy  Suite, Apt. #, etc.		45	CHECK HERE IF MAKING CHANGES			
5th Floor City & State		St Flosy City & State			CHECK HERE IF MAKING CHANGES  4. FEI Number 59-3666357 Applied For			
: Lake Mary FC		Lake Mary	Zin Country		- 0 15		_ \$5.00 Ad	ot Applicable
32746 US A		32746	ÜŚA		Certificate of Status Desired     Fee Required      Name and Address of New Registered Agent			
MOORE, TERRANCE  2243 WESTMINSTER TERRACE  OWEDO FL 32765  OSS in skyt Clathcart, A Name S S in sky t Clathcart, A Street Address (19.0. Box Number is Not Acceptable)  Street Address (19.0. Box Number is Not Acceptable)  City C in the Part FL Zip Code 3 2 7 9								
8. The above name of entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature typed or priviled 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 Florida Department of State								
Due By May 1, 2003								
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM MOORE, TERRANCE 2243 WESTMINSTER TER. OVIEDO FL 32765	ERS/MANAGERS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOLI	interna	ance ational Pkww y FL 3274	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, CHARLES MGRM 450 BLUE SMOKE COURT LAKE MARY FL 32399	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR	m	les national Pk	Wy , St. FC 146	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	60 09/29		□ Change 1 <b>9476</b> 301 **50.00	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
l indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	I that my signature shall have the	e same legal effe	ect as if ma	ade under oa	ath: that I am a managir	urther certify that the ng member or manag	information er of the

IGNATURE: JEWANTE FINASOUTE France Moore 9/23/03 407-562-1865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Date

Description Provide

Date

Description Provide

Date

Description Provide

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