SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

200	· · · · · · · · · · · · · · · · · · ·	USINESS KEP	UNI (U	DKJ			4	ç	
DOCUMENT # L0000011205  1. Entity Name KERNEY HOLDINGS, LLC					FILED				
					01 JA	N 25 AM 9	: 15		
Principal Place of Business 320 SE 16TH AVE. FT. LAUDERDALE FL 33301		Mailing Address 320 SE 16TH AVE. FT. LAUDERDALE FL			SEGRETARY OF STATE FALLAHASSEE. FLORIDA				
2. Principal (	Place of Business	3. Mailing Address	<del></del> -						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WENTE WAS ASSURED.				
					DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		4. FEI Number  65-1041919  Not Applied For Not Applicable				
Zip	Country	Zip	Country <sup>*</sup>	5. Cer	tificate of Status Desired	□ \$5.00 Ac Fee Requir	dditional red		
	6. Name and Address of C	urrent Registered Agent	Na Na	- 7. Nan	ne and Address of New Regi	stered Agent		1	
KERNEY, PATRICK J 320 SE 16TH AVE.				Street Address (P.O. Box Number is Not Acceptable)					
	DERDALE FL 33301								
		•	Cit	у		FL Zip Cod	de	1	
8. The above	e named entity submits this state.	ment for the purpose of changing		ce or registered agent,		a. Date			
		•	NOW!!! FEE Payable to De	IS \$50.00 partment of State				-	
9.	MANAGING MANAGING	MEMBERS/MEMBERS	10.		ADDITIONS/CH	ANGES		1_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KERNEY, PATRICK J 320 SE 16TH AVE. FT. LAUDERDALE FL 33301		TITLE NAME STREET ADDF CITY-ST-ŽIP		20000360	□ Change □ 2075-	Addition	E083 (11/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR		<del>******</del> ******************************	00 *****	O. O O O O O O O O O O O O O O O O O O	CR2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- □ Delete		IESS	· • • • • • • • • • • • • • • • • • • •	☐ Change	☑ . ☐ Addition-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR		/ .	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR	ESS	M	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDR	ESS		☐ Change	☐ Addition		
mulcaleu	On this report is true and accura	ed with this filing does not qualify te and that my signature shall hav trustee empowered to execute thi	for the exemption	effect as it made unde	rooth that I am a managing :	her certify that the i member or manage	information er of the		

1/22/2001 954-765-1234 Date Daytime Phone #