TITLE												,
Principal Piezo of Business April 11: 27 2001 APR 20 AH II: 27 2007 BEACH R. 2992 VERO BEACH R. 2992 VERO BEACH R. 2992 2 Principal Piezo of Business Subs. Apt. 4 etc. Cry & State Country Zo Country A. FEI Number AH-104-409 B INEX Apticable INEX Apticable INEX Apticable Street Address of New Registered Agent Norm APRIL PLAY-409 B INEX Apticable INEX Apticable Street Address of New Registered Agent Norm APRIL PLAY-409 B INEX Apticable Street Address of New Registered Agent Norm APRIL PLAY-409 B INEX Apticable Street Address of New Registered Agent Norm Cry & Street Address of New Registered Agent Norm Street Address (PO Box Number to Not Acceptable) Tell The above number of critiq submits this statement for the purpose of changing is registered agent, or both, in the State of Floridae SIGNATURE Total and applicable of Portical Street Address of New Registered Agent Intel	1. Entity Nan	me	00012273					· ,	- 4	, •		?
### ADDITIONS CHANGES ###################################	AUTO DI	HEAMS, L.L.O.										
Surie, Apt. # etc. Surie, Apt. #, etc. DO NOT WRITE IN THIS SPACE	420 FIRST S	Treet. Suite 3		-		ZOOT DIVISH Tali	APR 20 ON OF COR LAHASSEE	AM II: PORAT FLOR	27 FIONS IDA			
City & State City & State City & State Country Countr	2. Principal F	Place of Business	3. Mailing Address									٠.
Zp Country Zp Country 8. Gert-ficate of Status Desired S5.00 Additional Fee Required Status Desired S1. State Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address Name 8. Name 9.	Suite, Apt. #, etc.		Suite, Apt. #, etc.				. DO NOT WRITE IN THIS SPACE					
S. Certificate of Status Desired S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARKETT, BRUCE ESO. CIO COLLING, BROWN, CALDWELL, BARKETT & GA 756 BEACHLAND BOULEVARD VERO BEACH, FL 32963 S. 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 Signature, 1994 or printin famour or registered agent and life it specificable. ITILE MANAE SIRET ADDRESS CITY-5129 ITILE MANE SIRET ADDRESS CITY-5129 CITY-7129 ITILE MANE SIRET ADDRESS CITY-5129 CITY-7129 ITILE MANE SIRET ADDRESS CITY-5129 CITY-7129 CITY	City & State		City & State					+098]
BARKETT, BRUCE ESQ. C/O COLLINS, BROWN, CALDWELL, BARKETT & GA 756 BEACHLAND BOULEVARD VERO BEACH FL 32983 8. The above hamed entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Si					гу	<u>.</u>						
Street Address (P.O. Box Number is Not Acceptable)	<u> </u>	* 6. Name and Address of Current	Registered Agent		Name	7. Nam	e and Addre	ss of New Regi	stered Ag	ent		ļ ·
756 BEACHAND BOULEVARD VERO BEACH FL 32963 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE Synature, holded or printed name of registered agent and this if accidable. INDTE. Registered agent, or both, in the State of Florida. SIGNATURE Synature, holded or printed name of registered agent and this if accidable. INDTE. Registered agent, or both, in the State of Florida. SIGNATURE Synature, holded or printed name of registered agent, or both, in the State of Florida. SIGNATURE Synature, holded or printed name of registered agent, or both, in the State of Florida. SIGNATURE Synature, holded or printed name of registered agent, or both, in the State of Florida. SIGNATURE SYNATURE SY												
SIGNATURE Signature. Lighest or printed name of registered agent and this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. SIGNATURE Signature. Lighest or printed name of registered agent and this if applicable. INOTE: Registered Agent signature invaluation. INOTE: Regi			*						 -	· <u> </u>	1	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typied or privated here of registered agent and title 1 applicables. (NOTE Registered Agent signature recursed when relatedshippy) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS 10. ADDITIONS/CHANGES 10. ADDITIONS/CHANGES	VERO BEACH FL 32963				City			1	FI	Zip Code	9	1
SIGNATURE Signature typed or printed name of registered agent and life if applicable. (NOTE Registered Agent signature required when releastong) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State	8. The above	named entity submits this statement for	or the purpose of changing	its registere	d office or re	egistered agent.	or both, in the	State of Florida				1
Signature, typed or printed name of legistered Agent already agent and late if applicable. (NOTE: Registered Agent already after all registered Agent alre						-g		1				
Make Check Payable to Department of State	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered	Agent signature	required when reinstat	ng)		DATE			
TITLE			1									
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREE	9.	MANAGING MEMB	ERS/MEMBERS	10.				ADDITIONS/CH	ANGES			1
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREE		`	☐ Delete						t	_ Change	Addition	9
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREE	STREET ADDRESS			STREE	T ADDRESS	120 004	DNUT P	PALM RD		9		E083 (1
STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	1					Ē] Change	Addition	뽕
CITY-ST-ZIP					1		800	0040	962	98-	1	
TITLE								-U4/27/U <u>*****</u> 50	00 1U1(
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME	T ADDRESS	· · · · · · · · · · · · · · · · · · ·] Change	Addition	į
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	<u> </u>		CITY-:	ST-ZIP							
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS		☐ Delete	NAME	- 1				כ] Change	Addition	
INLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP							_				
TITLE TITLE TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS		☐ Delete	NAME STREE						Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME] Change	Addition	-
	CITY-ST-ZIP 11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	this filing does not qualify that my signature shall hav	CITY-S	ST-ZIP	I in Section 119.0	07(3)(i), Florid	a Statutes. I fun um a managing	ther certify	that the in	formation of the	}

SIGNATURE: WILLIAM OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/11/01 561-234-4111

Date Dayime Phone #