2001 UNIFORM B	USINESS REPO	RT (UBR	
DOCUMENT # L00000015710  1. Entity Name			FILED
Principal Place of Business  7310 West pointe Blvd - #623  ORIANDO FL 32835			01 MAR -9 AM 10: 36
			SECRETARY OF STATE TALLAHASSEE. FLORIDA
			FLURIDA
ORIANdo,	FL 3283	35	
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number 3686379 Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired Status Desired Fee Required
6. Name and Address of C		Name	7. Name and Address of New Registered Agent
Alan A. Sie 7310, Westpo	interblud #6.	Street Add	dress (P.O. Box Number is Not Acceptable)
ORIANDO, F	_	City	FL Zip Code
8. The above named entity submits this stater	ment for the purpose of changing its re	egistered office or re	egistered agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registers	ad agent and title if applicable. (NOTE: I	Registered Agent signature	required when reinstating) DATE
·	FILE NO Make Check Pay	Will FEE IS \$50 able to Departme	
	MEMBERS/MEMBERS MGR	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE AIAN A Sie  THE AIAN	binte Blud #623	NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE DRIANDI	<u>F L 3 2 8 3 5 </u> ☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP >	. 1000038911912 -03/21/0101109001
TINE-	Delete	TITLE -	*****5B.00 ******50.00 Change - : Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIA,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE	Delete	CITY-ST-ZIP TITLE	: Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	_ 5500	NAME STREET ADDRESS ` CITY-ST-ZIP	J. S.
hereby certify that the information supplied indicated on this report is true and accural limited liability company or the receiver or th	te and that my signature shall have the	e same legal effect a	in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath; that I am a managing member or manager of the Chapter 608, Florida Statutes.
SIGNATURE: SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING MANAGING MEMBER, MANAG	SER, OR AUTHORIZED DE	03/02/01 (40) 230-6697  PRESENTATIVE Date Date Dayline Phone #
	0		Degrand making #