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POTTSMITH, L.L.C.	•		/	PM 1: 19		
		. 0	20E1 -3	Y OF STATE SEE, FLORIDA		
Principal Place of Business	Mailing Address		TOTE 1.10.75	TUT FLORIDA		
4115 BAY HEAD DR. #104	4115 BAY HEAD DR. #10	4 1	ALL Alias	2000		•;
BONITA SPRINGS FL 34134	BONITA SPRINGS FL 3413	34	• .		979118	3 :
3. D. 2				TO BULDET OUR DETEND FROM DONA SOME	ATTIK TOKA BEKAKERINE MUK	P PRIME DIVINI
21 Principal Place of Business	3: Mailing Address	<u> </u>]	JERNION EN DINA HAN ERNI ERNI		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	City & State		4. FĘI I	Number		Applied For
	Zip	Country	6	5-1102445		Not Applicable
Zip 34134 Country USA 6. Name and Address of Curre	'		L	ificate of Status Desired	S5.00 A	dditional : red
and the second s	mit Registered Agent	- Name		e and Address of New Re	gistered Agent	
, C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD	***	Street Address (F				
PLANTATION FL 33324	•		4115 Sayhard Dr.			
		City 22	77 10	4	F*I Zio Co	do
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its	City Box	at Spz	or both in the State of Flori	FL Zip Co	134
the obligations of registered agent.	. F D_		gotorod Egont,	or boars, in the state of Fig.	_	, and accept
Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered Agent signature	required when reinstati	ng) ,	9-2-02	
	FILE NO	OW!!! FEÉ IS \$50				
	Make Check Par	yable to Departmo	ent of State	-	•	
The state of the s	Máke Check Pa Due By BERS/MANAGERS		ent of State	ADDITIONS/C	HANGES	
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SIGNATURE: SIGN CLUE TO UIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-2-02 239-390-0232
Date Dayline Phone #