Not Applicable

SIGNATURE:

## FILED Jan 11, 2002 8:00 am Secretary of State

01-11-2002 90002 016 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

1122074

1/4/02 561-750-2328
PRESENTATIVE Date Daytime Phone #

Zip	Country	Zip	Country	5. Certificate of S			Required	
6. Name and Address of Current Registered Agent			7 N		Name and Address of New Registered Agent			
	O. Hallio and Hallion		Name					
	HER, REBECCA H ESQ. OAKWOOD BLVD., STE. 250	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
	LYWOOD FL 33020							
1,02			City			FL	Zip Code	
8. The above r	named entity submits this statement	for the purpose of changing	its registered office or regis	stered agent, or b	oth, in the State of Flo	orida.		
	min					11 4/15	2	
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (	NOTE: Registered Agent signature requ	ired when reinstating)		DATE		
			NOW!!! FEE IS \$50.0	0				
			Payable to Departmen					
			Due By May 1, 2002					
9.	MANAGING MEM	BERS/MANAGERS	10.		ADDITIONS	/CHANGES		
TITLE	MGR	☐ Delete	TITLE	7 7 7 7 7 7			] Change	☐ Addition
NAME	STUTMAN, ROBERT	_	NAME					
STREET ADDRESS	6545 VIA ROSA		STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP					
TITLE	BOOKINIONIE	☐ Delete	TITLE				] Change	Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			[	Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			<u>-</u> . <u>-</u>		
TITLE		☐ Delete	TITLE				Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE .				Change	Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	1		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			[	☐ Change	Addition
NAME .			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	certify that the information supplied		CITY-ST-ZIP					