FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90236 044 ****55.00

DALE BOLTON ENTERPRISES, LLC   L01000020786

DO NOT WRITE IN THIS SPACE

943257

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5445 Dinkins Road	5445 Dinkins Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hastings, FL	City & State: Hastings, FL
Zip: 32145 / Country: St. Johns	Zip: 32145 / Country: St. Johns

4. FEI Number: 80-0037443 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: J. Michael Lindell
Street Address (P.O. Box Number is Not Acceptable): 12276 San Jose Blvd. Suite 126
City: Jacksonville **FL** Zip Code: 32223-8630

8. 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] Dale Bolton, Managing Member April 12 2002
Signature, typed or printed name of registered agent and title if applicable   DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	Dale Bolton	NAME	
STREET ADDRESS	5445 Dinkins Road	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32145	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] April 12 2002 904 315 5145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #