DOCL	UMENT #	# L010000	1NESS REPO 20953		FILED
. Entity Na	^{ame} AND PARTNE				02 OCT -8 AM 9: 26
					OCCUPATION OF STATE
	lace of Business		Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA
51 SARNO I LBOURNE I	ROAD, SUITE 5 FL 32935		1751 SARNO ROAD, SUITE MELBOURNE FL 32935	5	District of the second of the
					F TO DESIGN AND A SERVED WARRY STATES BETTER BESTER FROM STATES AND A COURT CHICAGE FOR SAME
760		H DRWE	3. Mailing Address	Y DRIVE -	
	ITE E	-	Suite, Apt. #, etc.	E	DO NOT WRITE IN THIS SPACE
City & Sta	BLBOURN		City & State MELBOURN	''	4. FEI Number Applied For 59 - 375 £ 480 Not Applied
1293	34	Country // A	Zip 32934	Country USA	5. Certificate of Status Desired Space Spa
	6. Name an	nd Address of Current R	legistered Agent	Alama	7Name and Address of New Registered Agent
	EY, DAVID -		- 	Name	AVIO-ALLEY
1751 MEL	175! SARNO ROAD, SUITE 5 MELBOURNE FL 32935			Street Address	- 100 - 10 - 10 - 10 - 10 - 10 - 10 - 1
	TRAILIRNE FL 3.	2025		74	s (P.O. Box Number is Not Acceptable)
	BOURNE FL 3	2935		501	
The above	e named entity su	ubmits this statement for t	the purpose of changing its	City m	SI POURNE FL Zio Goden 2 U
The above the obligat	e named entity suations of registered	ubmits this statement for t	the purpose of changing its	City m	IN E Tin Code
The above the obligat	e named entity su	ubmits this statement for t	au.	City m	ELBURNE FL Zip Code 3 4 tered agent, or both, in the State of Florida. I am familiar with, and accept
The above	e named entity su	ubmits this statement for to dagent.	d life i policable. (NOTE: FILE NO Make Check Pay	City /// registered office or registered Apont signature requirement. DWIII FEE IS \$50.00 yable to Department.	tered agent, or both, in the State of Florida. I am familiar with, and accept the state of St
The above the obligat	e named entity su ations of registered Signature: typed or pr	ubmits this statement for to diagent.	of life if proficable. (NOTE: FILE NO Make Check Pay Due By	City /// City // Ci	tered agent, or both, in the State of Florida. I am familiar with, and accepted when reinstating) of State S02253900620
The above the obligat INATURE	e named entity su ations of registered Signature: typed or pr	ubmits this statement for to dagent. July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of life if proficable. (NOTE: FILE NO Make Check Pay Due By	City /// registered office or registered Apont signature requirement. DWIII FEE IS \$50.00 yable to Department.	tered agent, or both, in the State of Florida. I am familiar with, and accepted when reinstating) of State SO25390620 ADDITIONS/CHANGES
The above the obligation of the second of th	e named entity su ations of registere Signature: Sped or pr	Jagent. Jag	FILE NO Make Check Pay Due By IS/MANAGERS Delete	City City registered office or regist E: Registered Apeni signature requision DWIII FEE IS \$50.00 yable to Department September 25, 2002 10. IIILE NAME	tered agent, or both, in the State of Florida. I am familiar with, and accepted when reinstating) of State S02253900620
The above the obligation of th	e named entity suations of registered or programmer speed or programmer.	ubmits this statement for to dagent. July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FILE NO Make Check Pay Due By S/MANAGERS Delete	City City registered office or regist E: Registered Apont signature require DWIII FEE IS \$50.00 yable to Department September 25, 2002	tered agent, or both, in the State of Florida. I am familiar with, and accepted when reinstating) of State SO25390620 ADDITIONS/CHANGES
The above the obligation of th	e named entity suations of registerer Signature typed or pr	Jubraits this statement for to dagent. Judgment. Judg	FILE NO Make Check Pay Due By S/MANAGERS Delete 32334 Delete	City City Tegistered office or regist E. Registered Apont signature require DW!!! FEE IS \$50.00 yable to Department September 25, 2002 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE	tered agent, or both, in the State of Florida. I am familiar with, and accepted when reinstating) of State SO25390620 ADDITIONS/CHANGES
The above the obligation of th	Signature typed or pr	Jumits this statement for to dagent. Jacob Jaco	FILE NO Make Check Pay Due By S/MANAGERS Delete 1 Delete	City City Tegistered office or regist E: Registered Apont signature require DW!!! FEE IS \$50.00 yable to Department y September 25, 2002 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	tered agent, or both, in the State of Florida. I am familiar with, and accepted when reinstating) of State SO2253900620 ADDITIONS/CHANGES
The above the obligation of th	e named entity suations of registered as produced by the support of the support o	Jumits this statement for to dyagent. Jumited name of registered agent and mitted name of registered agent and name of registered agent ag	FILE NO Make Check Pay Due By IS/MANAGERS Delete 32934 Delete	City City Tegistered office or regist Considered office or regist Cons	The state of State Sold So
The above the obligation of th	E named entity suations of registered as produced in the support of the sup	Jumits this statement for to dagent. Jacob Jaco	FILE NO Make Check Pay Due By S/MANAGERS Delete 32934 Delete Delete	City City Tegistered office or regist E: Registered Apont signature require DW!!! FEE IS \$50.00 yable to Department September 25, 2002 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	tered agent, or both, in the State of Florida. I am familiar with, and accepted when reinstating) of State SO2253900620 ADDITIONS/CHANGES
The above the obligation of th	E named entity such ations of registered as produced by the such as produced b	Jumits this statement for to dagent. Jacob Grand Gran	FILE NO Make Check Pay Due By S/MANAGERS Delete B. 11/15 E 32/34/ Delete Delete	City City Tegistered office or regist City Tegistered office or regist City Tegistered office or regist City City Tegistered office or regist Title NAME STREET ADDRESS CITY-ST-ZIP TITLE	The state of State Sold So
The above the obligation of th	E named entity suations of registered or produce speed or	Jumits this statement for to dagent. Jacob Grant Gran	FILE NO Make Check Pay Due By S/MANAGERS Delete 32334 Delete Delete Delete	City Tegistered office or regist Tegistered office or regist Tegistered Apont signature require Tow III FEE IS \$50.00 Type to Department September 25, 2002 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	The state of State Sold So
The above the obligation of th	E named entity suations of registered or produce speed or	Jumits this statement for to dagent. Jacob Grant Gran	FILE NO Make Check Pay Due By S/MANAGERS Delete 32334 Delete Delete Delete	City City City Tegistered office or regist Covered Apont signature requisions Covered Apont signa	SUBURNE FL Zip Code 3 4 tered agent, or both, in the State of Florida. I am familiar with, and accept red when reinstating) Of State SO2253900620 ADDITIONS/CHANGES Change Additio
The above the obligation of th	E named entity suations of registered or produce speed or	Jumits this statement for to dagent. Jacob Grant Gran	FILE NO Make Check Pay Due By S/MANAGERS Delete 32334 Delete Delete Delete	City City City Tegistered office or regist Covered Apont signature requisions Covered Apont signa	SUBURNE FL Zip Code 3 4 tered agent, or both, in the State of Florida. I am familiar with, and accept red when reinstating) Of State SO2253900620 ADDITIONS/CHANGES Change Additio
The above the obligation of th	E named entity suations of registered or produce speed or	Junits this statement for to dagent. Jacob Grand Gran	FILE NO Make Check Pay Due By S/MANAGERS Delete 32334 Delete Delete Delete	City City Tegistered office or regist Covered Apont signature require Covered Apont signature r	SUBURNE FL Zip Code 3 4 tered agent, or both, in the State of Florida. I am familiar with, and accept red when reinstating) Of State SO2253900620 ADDITIONS/CHANGES Change Additio
The above the obligate the obligate GNATURE E AE EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS ET ADDRESS EET ADDRESS EET ADDRESS	E named entity suations of registered or produce speed or	Jumits this statement for to dagent. Jacob Grant Gran	FILE NO Make Check Pay Due By S/MANAGERS Delete 32334 Delete Delete Delete	City	SUBURNE FL Zip Code 3 4 tered agent, or both, in the State of Florida. I am familiar with, and accept red when reinstating) Of State SO2253900620 ADDITIONS/CHANGES Change Additio
The above the obligation of th	E named entity suations of registered or produce speed or	Jumits this statement for to dagent. Jacob Grant Gran	FILE NO Make Check Pay Due By S/MANAGERS Delete 32334 Delete Delete Delete	City City Tegistered office or regist Covered Apont signature require Covered Apont signature r	The state of Florida. I am familiar with, and accept some when reinstating) Of State SO2253900620 ADDITIONS/CHANGES Change Addition Change Change
The above the obligate the obligate the obligate of the obliga	E named entity suations of registered or produce speed or	Jumits this statement for to dagent. Jacob Grant Gran	FILE NO Make Check Pay Due By S/MANAGERS Delete 32334 Delete Delete Delete Delete Delete Delete	City Tregistered office or regist City Tregistered Apont signature require Towitt FEE IS \$50.00 Tyable to Department September 25, 2002 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUBURNE FL Zip Code 3 4 tered agent, or both, in the State of Florida. I am familiar with, and accept red when reinstating) Of State SO2253900620 ADDITIONS/CHANGES Change Additio

ANAGER, OR AUTHORIZED REPRESENTATIVE