FILED
Jun 16, 2003 8:00 am
Secretary of State
03-31-2003 90001 011 ****55.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001694

1. Entity Name
ARTEMIS SOLUTIONS GROUP LLC

Principal Place of Business	Mailing Address
~~3950 RUNNING WATER DRIVE~~ ~~ORLANDO FL 32829~~	3950 RUNNING WATER DRIVE ORLANDO FL 32829

2. Principal Place of Business	3. Mailing Address
5084 PAULENA COURT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FREELAND WA	City & State:
Zip: 98249 Country: USA	Zip: Country:

[redacted]

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0594742 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERRERA, ALFREDO A 3950 RUNNING WATER DRIVE ORLANDO FL 32829	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM Managing member CHILDERS, JAMES PO BOX 403 FREELAND WA 98249	☐ Delete	MEM TARISA CHILDERS PO BOX 403 MANAGING Member FREELAND WA 98249	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM HERRERA, ALFREDO A 3950 RUNNING WATER DRIVE managing Member ORLANDO FL 32829	☐ Delete	MEM HERRERA, MARY MANAGING MEMBER 3950 Running Water DR ORLANDO FL 32829	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM HERRERA, EDUARDO 3950 RUNNING WATER DRIVE ORLANDO FL 32829	☒ Delete	[redacted]	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E083 (01/01)

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 REQUIRED James Childers 01-14-03 800-331-3921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment 44004610
~~#~~1020001694

As per discussion with Joey on 6/12/03 I have noted all "managingmembers". Sorry for the mix-up, Thank you for you help. (:))