FILED Apr 22, 2004 8:00 am Secretary of State

Spite April 4, etc. Suite April 4, etc. O4052004 Chg-LLC CR2E08S (10/03) A FEI Number O4052004 CR2E08S	1. Entity Name	OCIATES, LLC		1			04-07-2	004 9035	51 002 *	****50.00
Suite. Apt. 4, etc. Suite. Apt. 4, etc. Suite. Apt. 4, etc. City & State City & State A. FEI Number	2926 W. WALI	LCRAFT AVE.	2926 W. WALLCRAFT AV	/E.				. P 2111 POTEL (TRE	nada iska sh	1921 HT 1521
City & State Country Stored Address of Country Enter Regulated Regulated Agent 7. Name and Address of Dever Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 8. The above named entity submits this statement for the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida State of Florida State agent age	2. Principal Place of Business 3. Mailing Address									
Zip Country Zip Country S. Certificate of Status Destroy S. Optional Fee Plaquinos	Suite, Apt. 1	, etc.	Suite, Apt. #, etc.			04052004	Chg-LLC	CR2E08	3 (10/03)	
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 1. Name 1. Nam	City & State		City & State			4. FEI Numb	-049970	2/		<u> </u>
Name Street Address (P.O. Box Number is Not Acceptable) 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 arm familier with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familier with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familier with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familier with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familier with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familier with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familier with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familier with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familier with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familier with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familier with, and accept the obligations of Florida Department of States. In the part of Florida Department of States. Make States Additionally and the States of Florida Department of States of Florida Department of States. In the Part Additional States of Florida Department of States. In the Part Additional States of Florida Department of States. In the Part Additional States of Florida Department of States. In the Part Additional States of Florida Department of States. In the Part Additional States of Florida Department of States. In the Part Additional States of Florida Department of States. In the Part Additional States of Florida Department of States. In the Part Additional States of Florida Department of States. In the Part Additional States of Florida Department of States.	Zìp	Country	Zip	Coun	try	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code TAMPA, FL 33611- City FL Zip Code 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 Filling Fee is \$50.00 Due by May 1, 2004 MARKET AVE. THE MARKET AVE. THE MARKET AVE. THE STREET AVES. THE STREET AVES. THE STREET AVES. THE STREET AVES. THE MARKET AVE. THE MAR		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	ent	
B. 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, which is 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Floridas. Intermotion of registered agent, or both, in the State of Floridas I am familiar with, and accept agent, or both, in the State of Floridas.	2926 W.W	ALLCRAFT AVE:	: ;			s (P.O. Box Numb	er is Not Acceptable)		
The obligations of registered agent. SIGNATURE Signature, typed or ignated name of registered agent with the 4 spacetion. (NOTE Registered Agent signature required information) DATE Filling Pice is \$50.00 Malto check paryshile to Plorida Department of State ADDITIONS/CHANGES					City			FL	Zip Cod	е
Filling Fao is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS /MANAGERS ITILE MORN HORNSTROM, RICHARD N SIRET ADDRESS CITY-51-2P ITILE MARE SIRET ADRESS CITY-51-2P ITILE MARE SIRET ADDRESS CITY-51-2P ITILE MARE SIRET A			or the purpose of changing its	register	ed office or regist	tered agent, or bo	th, in the State of Fic	wikia. Iam fa	milier with,	and accept
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MINE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE	Fil De	ling Fee is \$50.00 se by May 1, 2004								5
HORNSTROM, RICHARD N 2026 W. WALLCRAT AVE. TITLE MAME STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS	9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS	CHANGES		
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TITLE NAME STREET ADDRESS CITY-ST-ZP 11. I hereby certify that the information supplied with this filing does not quality 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 mustep-propowered to execute this report as I quired by Chapter 608, Florida Statutes.	TITLE HAME STREET ADDRESS		☐ Delete	TITE MAA STR	É Æ EET ADOREȘS				Change	☐ Addition
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 508, Florida Statutes.	TITLE HAME STREET ADDRESS CITY-ST-ZIP		Odete	TITL NAA STR	E AE EET ADORESS	-:	-	-	☐ Change	Addition
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