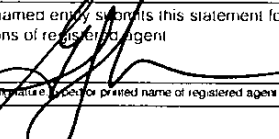


FILED
SECRETARY OF STATE
DIVISION OF REGISTRATIONS
05 DEC -1 AM 10:35

DOCUMENT # L03000035784				FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS 05 DEC -1 AM 10:35	
1. Entity Name FISH HAWK PROPERTIES, LLC					
Principal Place of Business 210 TAYLOR STREET SUITE 122 PUNTA GORDA, FL 33950 US		Mailing Address 210 TAYLOR STREET SUITE 122 PUNTA GORDA, FL 33950 US			
2. Principal Place of Business		3. Mailing Address P.O. Box 510367			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11282005 REIN-LLC CR2E101 (6/04)	
City & State		City & State Punta Gorda FL		4. FEI Number 20-0338802	
Zip		Zip 33951-0367		Country USA	
Country		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KARAZULAS, GREGORY J 210 TAYLOR STREET 211 PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity supports 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 11/28/05					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KARAZULAS, GREGORY J 2111 RYAN BOULEVARD PUNTA GORDA, FL 33950	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KARAZULAS, JACQUELINE A 2111 RYAN BOULEVARD PUNTA GORDA, FL 33950	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
		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: 		11/28/05 941-639-4338			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			