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Jul 02, 2004 8:00 am
Secretary of State
06-21-2004 90139 010 ****50.00

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City & Siste A. FE Number SY-2-17842 Fine Application Fig. Country Ty Country Ty Country Ty Country Ty Country S. Certificate of Status Desired Fine Required Fine Required The GREENLEAF BUILDING City City Street Address (P.O. Box Number is Not Acceptable) City The GREENLEAF BUILDING City FL The Grove named entity submits this stationent for the purpose of charging its registered office or registered agent, or both, in this Siste of Plottak. I am territial with, and accept the or displaced degree of charging its registered office or registered agent, or both, in this Siste of Plottak. I am territial with, and accept the or displaced degree of registered agent. SIGNATURE Ty Ty MANAGING MEMBERS/MANAGERS The Above named entity submits this stationent for the purpose of charging its registered office or registered agent, or both, in this Siste of Plottak. I am territial with, and accept the or displaced agent, or both, in this Siste of Plottak. I am territial with, and accept the or displaced agent, or both, in this Siste of Plottak. I am territial with, and accept the ordination of registered agent. SIGNATURE Ty The Grove Reputation of Plottak. I am territial with, and accept the ordination of registered agent. District Reputation of Plottak. I am territial with, and accept from the purpose of charging its registered office or registered agent, or both, in the Siste of Plottak. I am territial with, and accept the ordination of the plottake of the state of Plottak. I am territial with, and accept the ordination of Plottake Type of The Type Siste of Plottake Type Type Type Type Type Type Type Typ	2. Principal Pl	lace of Busines	s	3. Mailing Address			-					
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25p Country Sp. Co	City & State			City & State			4. FEI Number	21378 <u>4</u>	اک	<u> </u>		
F & L CORP THE GREENLEAF BUILDING Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code a. The above named writy submits this statement for the purpose of changing its registered object or registered agent, or both, in the State of Rorida. I am familiar with, and accept the additional of registered agent, or both, in the State of Rorida. I am familiar with, and accept the additional of registered agent. SIGNATURE Filling Fee is \$50,000 Due by May 1, 2004 MANAGING MENBERS/MANAGERS ITIE MGR GRAPH, L. 33610 THE MGR GABBARD, CHARLEY TAMPA, FL 33610 THE MGR GABBARD, CHARLEY TAMPA, FL 33610 THE MGR GRAPH	Zip	Zip Country		Zip Co		ntry						
F. B. L. CORP. THE GREEN LEAR BUILDING 200 LAURA STREET JACKSONVILLE, FL 32202-3510 City FL Zip Code 8. The above named entity pubmits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the adolgations of registered agent, or both, in the State of Florids. I am familiar with, and accept the adolgations of registered agent, or both, in the State of Florids. I am familiar with, and accept the above named entity pubmits the statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the above named entity pubmits of registered agent, or both, in the State of Florids. I am familiar with, and accept the above named entity pubmits of registered agent, or both, in the State of Florids. I am familiar with, and accept the above named entity pubmits of registered agent, or both, in the State of Florids. I am familiar with, and accept the above named entity pubmits of registered agent, or both, in the State of Florids. I am familiar with, and accept the above named entity pubmits of registered agent, or both, in the State of Florids. I am familiar with, and accept the above named entity pubmits and accept the state of Florids agent entity. Filling Fee to \$50.000 State accept the state of Florids Agent entities of Florids Agent entitle Agent entities and accept entities of Florids Agent entitle Agent entities and accept entities of Florids Agent entities of Florids Agent entities of Florids Agent entities of Florids Agent entities of Florids A		6. Name s	nd Address of Current	Registered Agent			7. Name and	Address of New Fl	logistered Ag	ent		
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