FILED Mar 17, 2004 8:00 am Secretary of State

1. Entity Name	VIENT # LU30000500 P. KEARNEY, JR. LLC			03-04-2004	1 90072 0	41 ****5	60.00			
Principal Place of Business 1674 W. AKRON DRIVE DELTONA, FL 32725		Mailing Address 1674 W. AKRON DRIVE DELTONA, FL 32725			24001669					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02092004	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State			4. FEI Numb	546716	8	<u> </u>	Nied For Applicable	
Zip	Country	Zip Country		try	5. Certificate of Status Desired Security Securi					
	6. Name and Address of Current I	Registered Agent		Name	7. Name and	Address of New F	egistered A	gent		
KEARNEY	JOSEPH P JR				and on the		_			<u> </u>
1674 W. A	KRON DRIVE	ستقدريتها منتشقها سياسانها	Street Address			er is Not Acceptable)=		- 	
DELIONA	, FL 32725									
				City			FL	Zip Code		
	named entity submits this statement for	the purpose of changing it	ts register	ed office or registe	red agent, or bo	oth, in the State of Flo		millar with, o	and accept	
SIGNATURE	ions of registered agent.									
	Signature, typed or printed name of regulared against	and this Yappicable. (PIO	TE: Registere	d Agent signature sequire	d when minsty fire)		DATE			
Fi Di	iling Fee is \$50.00 ue by May 1, 2004				Make check payable to Floride Department of State					٠
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES	_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEARNEY, JOSPEH P JR 1674 W. AKRON DRIVE DELTONA, FL 32725	Oelete		ľ				Change	Addition	
TITLE		C Delete	TITL	£				Change	Addition	
NAME CONTEST ADDRESS			HAA			•			1	
STREET ADDRESS CITY-ST-ZIP				EET ADORESS 1-ST-ZIP			7			
TITLE -		~ Detete	TITE	E		• -		Change	Addition	
NAME			NAA							
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TITLE		□ Debete	III					☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP				EET ADORESS 1-ST-ZIP		٠				
TITLE		☐ Delete	TITLE					☐ Change	Addition	ŀ
NAME	,		HAS							
STREET ADDRESS			STA	EET ADDRESS				•		
CITY-ST-ZIP				1-ST-ZIP						
TITLE NAME		Delete	101			•		Change	Addition	
STREET ADDRESS				EET AOORESS		-		•		
CITY-ST-ZP				(-ST-ZIP		<u> </u>				
11. I hereby	certify that the information supplied with	this filing does not qualify that my signature shall have	for the exc	amption stated in S	ection 119.07(3	Xi), Florida Statutes.	i further cert	fy that the in	formation	