FILED Apr 18, 2005 8:00 am Secretary of State 03-30-2005 90162 037 ****50.00

| Country Zip Country Zip Country S. Certificate of Status Desired St. DD Additional St. DD | 1. Entity Name | MENT # L040000939 Y AT DUNE ALLEN, LLC | 595 | | | | J3-30-2003 | 90102 0 | 3/ | 50.00 |
|---|---|--|-------------------------------|------------------------|-----------------|---------------------|--------------------|------------------------------|----------------------------------|-------------------------|
| Super April 4 Dis. Super April 4 Dis. Super April 4 Dis. Super April 5 Dis. Super April 6 Dis. Super April 6 Dis. Super April 6 Dis. Super April 6 Dis. Super April 7 Dis. Super April 6 Dis. Super April 7 Dis. Super | P. O. BOX 21 | | P. O. BOX 21 | 5 | | | 30 | 0035 | 48 | |
| Cay & State Cay & | | | 3. Mailing Address | | | | | | | |
| Cov 5 State FACTOR County Zip County Zip County Zip County Zip County Signature Sirest Address (P.O. Box Number is Not Acceptable) Filling Foo is \$50.00 MANAGING MEMBERS/MANAGERS MARAGING MEMBERS/MANAGERS MARAGING MEMBERS/MANAGERS MARAGING MEMBERS/MANAGERS INC. MARAGING MEMBERS/MANA | r • • • • • • • • • • • • • • • • • • • | #, etc. | Suite, Apt. #, etc. | | | 03162005 | Chg-LLC | CR2E0 | 83 (10/03) | |
| Source S | City & State | faville. AB | City & State | | | | | | Applied For Not Applicable | |
| AATTHEWS, DANA C 4475 LEGENDARY DRIVE DESTIN, FL 32541 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 at the obligations of registered agent and set if applicable. City FL Zip Code | | | Zip | Country | | l | | - n 3 | \$5.00 Add | itional . |
| MATTHEWS, OANA C 4475 LEGENDARY DRIVE DESTIN, FL 32541 City FL Zip Code City FL | | | Registered Agent | Name | | 7. Name and Ac | Idress of New F | Registered A | lgent | |
| Ety FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am I smillar with, and as the obligations of registered agent. SIGNATURE Signaul. Note in purpose or printed review of registered agent, or both, in the State of Florida. I am I smillar with, and as the obligations of registered agent, or both, in the State of Florida. I am I smillar with, and as the obligations of registered agent, or both, in the State of Florida. I am I smillar with, and as the obligations of registered agent, or both, in the State of Florida. I am I smillar with, and as the obligations of registered agent, or both, in the State of Florida. I am I smillar with, and as the obligations of registered agent, or both, in the State of Florida. I am I smillar with, and as the obligations of registered agent, or both, in the State of Florida. I am I smillar with, and as the obligations of registered agent, or both, in the State of Florida. I am I smillar with, and as the obligations of registered agent, or both, in the State of Florida. I am I smillar with, and as the obligations of registered agent, or both, in the State of Florida. I am I smillar with, and as the obligations of registered agent, or both, in the State of Florida. I am I smillar with, and as the obligations of registered agent, or both, in the State of Florida. I am I smillar with, and as the obligations of registered agent, or both, in the State of Florida. I am I smillar with, and as the obligations of registered agent, or both, in the State of Florida. I am I smillar with, and as the obligations of registered agent, or both, in the State of Florida. Signat Adoress | 4475 LEGE | ENDARY DRIVE | - * | | | P.O. Box Number is | s Not Acceptable | e) | | |
| 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 at the obligations of registered agent. SIGNATURE Signature Si | DE\$1114, F | L 32541 | | City | | | | Fi | Zip Cod | e |
| Filing Foo is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State STREET ADDRESS TITLE | | | r the purpose of changing its | registered office | or register | ed agent, or both, | in the State of Fi | | amiliar with, | and accept |
| PLOND BY May 1, 2005 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES INT.E MARE GARY BRANDON ENTERPRISES, INC. 4285 SHILOH DRIVE CITY-SI-ZP TITLE NAME SIRET ADDRESS CITY-SI-ZP CITY-SI- | SIGNATURE . | Signature, lyped or printed name of registered agent o | and take if applicable. (NOTE | : Registered Agent aid | hatura naquirad | when reinstating) | | DATE | <u> </u> | · |
| MGR GARY BRANDON ENTERPRISES, INC. STREET ADDRESS CITY-ST-ZP FAYETTEVILLE, AR 72701 Delete TITLE MAME STREET ADDRESS CITY-ST-ZP | Fi | ling Fee is \$50.00 ue by May 1, 2005 | | | | | | | | B |
| NAME STREET ADDRESS CITY-S1-TP FAYETTEVILLE, AR 72701 TITLE NAME STREET ADDRESS CITY-S1-TP | 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | | ADDITIONS | /CHANGES | <u> </u> | |
| NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP | NAME STREET ADDRESS | GARY BRANDON ENTERPRISE 4285 SHILOH DRIVE | | NAME STREET ADDRES | is | | | | Change | ☐ Addition |
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| 11. I hereby certify that the information supplied with this liting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not greatly that the information does not provide the information of the informati | indicated | tion this report is true and accurate and | that my signature shall have: | the same legal o | iffect as if n | nade under oath: tr | iat I am a mana | I further cert ging membe | tify that the is er or manage | aformation or of the |
| SIGNATURE: 3/25/05 479-151-725 SIGNATURE: AND TYPED DAY SENTED MANE OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE Open Prove P | SIGNAT | TURE: Bung 4 | 3 cm | AAAA AT AMAAA | 740 Bennett | 3 | <u> 25/05</u> | 479 | 1-1151 - | 7254 |