Entity Name IOHN'S HAI Principal Place of 1030 SPRINGBA DRANGE CITY, FI Principal Place Sulite, Apt. #, e City & State Zip	NK AVE. 2 of Business itc. Country 6. Name and Address of Current R NNE SBANK AVE.	Mailing Address 1030 SPRINGBANK AV ORANGE CITY, FL 327 3. Mailing Address Suite, Apt. #, etc. City & State Zip	63 Country	03-16-2006 90025 047 ****50.00 30005474 02162006 Chg-LLC CR2E083 (11/05) 4. FEI Number 25 - 1919621 Applier Not Ap 5. Certificate of Status Desired S5.00 Addition Fee Required	d For	
IOHN'S HAU trincipal Place of 1030 SPRINGBA DRANGE CITY, FL . Principal Place Suite, Apt. #, e City & State Zip NATTS, JOA 1030 SPRING	Business NK AVE. 2 32763 a of Business itc. Country 6. Name and Address of Current R NNE BBANK AVE.	1030 SPRINGBANK AV ORANGE CITY, FL 327 3. Mailing Address Suite, Apt. #, etc. City & State Zip	63 Country	02162006 Chg-LLC CR2E083 (11/05) 4. FEI Number 25 - 1919621 Applies 5. Cartificate of Status Desired \$5.00 Addition	-	
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NATTS, JOA	6. Name and Address of Current R NNE GBANK AVE.			5. Certificate of Status Desired S5.00 Addition	spingatore	
NATTS, JOA	NNE GBANK AVE.	egistered Agent			nal	
030 SPRING	SBANK AVE.		I Mama	7. Name and Address of New Registered Agent		
	WATTS, JOANNE 1030 SPRINGBANK AVE. ORANGE CITY, FL 32763		Street A	Street Acoress (P.O. Box Number is Not Acceptable)		
			City			
	ned entity submits this statement for to of registered agent.	the purpose of changing its	registered office c	r registered agent, or both, in the State of Florida and article of registered agent, or both, in the State of Florida and article of registered agent, or both, in the State of Florida and article of the state of	accept	
Sign	alure, typed or printed name of registered agent an	id litile if applicable (NOT	E Registered Agent signat	ture required a nen rendlating) 2,4 "2		
Due	g Fee is \$50.00 by May 1, 2006			Make check payable to Florida Department of State		
n. Me M	anaging Liemy		10. TITLE	ADDITIONS D-ALTER	Addition	
iame Na	anne watts	aver	NAME STREET ADDRESS	JEHN WATTS	•	
	range city, FC	- 32763	CITY - ST - ZIP	CRANGE CITY, FLOK 10A 32.43		
HLE AME TREET ADORESS	5	Delete	TITLE NAME STREET ADDRESS		Addition	
ITY-ST-ZIP		Detete	CITY-ST-ZIP TITLE		Addition	
IAME ITREET ADDRESS ITTY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
ITLE IAME ITREET ADDRESS ITTY ST-ZIP		Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ Change □] Addition	
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ITY-ST-ZIP			CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
ITLE IAMI STREET ADDRESS STY_ST-7IP		Deleta .	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ر تېچې	<u>?</u> Addition	
1. I hereby certi indicated on	ify that the information supplied with t this report is frue and accurate and th y company of the receiver or trustee	hat my signature shall have	r the exemptions co the same legal effe	contained in Chapter 119, Florida Statutes, I further certify that the informatect as if made under oath; that I am a managing member or manager of by Chapter 608, Florida Statutes.	ition the	
SIGNATU	RE: Hanne	LOCETS BIGNING MANAGING MEMBER. MA	Joann	ewatts 3/13/06 386/83	<u>3215</u>	