SIGNATURE Lothar Estein, Manager

Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)?

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.

3-30-00

Zip Code

32819

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State

City

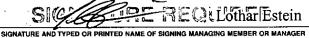
Orlando

9.	MANAGING MEMBERS/MEM	BER\$	10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO FL 32819	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003224 -04/26/000 *****55.00	10190 *****	14
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11. Thereby 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 ability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

WEST PALM BEACH FL 33401



3-30-00

407-354-3307

Daytime Phone #