2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 MAY -1 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000511

Entity Name
CORE SOURCE, L.C.

Principal Place of Business	Mailing Address
4215 Southpoint Blvd. Suite 100 Jacksonville, FL 32216	4215 Southpoint Blvd. Suite 100 Jacksonville, FL 32216

Principal Place of Business	3. Mailing Address
P. O. Box 551260	P.O. Box 551260
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32255 Country:	Zip: 32255 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3275235 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Schneider, Michael N. 4215 Southpoint Boulevard Suite 100 Jacksonville, FL 32216	Name: Michael N. Schneider Street Address (P.O. Box Number is Not Acceptable): 5150 Belfort Road, Building 100 City: Jacksonville FL Zip Code: 32256

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.

Michael N. Schneider
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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*****50.00 *****50.00

MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
MGR ☐ Delete Harris, Forrest J. 1515 Lorimer Road Jacksonville, FL 32207	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☒ Change ☐ Addition 2014 W. Beaver Street Jacksonville, FL 32209
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition

I hereby 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/14/00 904 353 8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #