2000	UNIFO	KW RA2IV	IE22 KEL	JKI	(UBK)		•			
DOCU 1. Entity Nan	MENT #	L95000	000770				·.			
FLEXPHALT, L.C.						FILED				
							00 JAN 12 PM 2: 01			
Principal Place of Business Mailing Address					_SECRETA		SECRETARY	ARM OF STATE		
P.O. DRAWER 491356 P.O. DRAWER 491356 LEESBURG FL 34749-1356 LEESBURG FL 34749-1356				56	SECRETARY. TALLAHASSE			FLORIDA		
9 Principal F	Diago of Dusings		Mailing Address							
2. Principal Place of Business			3. Mailing Address			<u>'</u>				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI N	65-0622467		pplied For ot Applicable	
Zip	Zip Country		Zip Cour		try	5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name and A	ddress of Current Reg	lstered Agent		Name	7. Name	and Address of New Register	red Agent		
HILL, JOE E										
2620 W INDUSTRIAL ST					Street Address (P.O. Box Number is Not Acceptable)					
LEESBURG FL 34748					City FL Zip Code					
8 The above	named entity subm	its this statement for the	purpose of changing it	s registere	d office or regist	tered agent in	or both, in the State of Florida.	· •		
			parpara an anang ng n	o regioner	.	g, -				
SIGNATURE	Signature, typed or printed	name of registered agent and ti	tle if applicable. (NO	TE. Registered	d Agent signature requi	red when reinstatin	g) DA	ATE		
			FILE N	lowin :	FEE IS \$50.00	n				
			Make Check P			1			\	
9.		MANAGING MEMBERS	/MEMBERS	10.			ADDITIONS/CHAN	GES		
TITLE	MEM	*****	☐ Delete	TITLE				Change	Addition	
NAME BITCON, INC. BTREET ADDRESS 3111 UNIVERSITY DR, SUITE 100			00		E Et address					
CITY-ST-ZIP				-	- ST- ZIP		60000310			
TITLE MANGE	2020 11 110001 HIAL DA, SOITE 1000			TITLE			-01/20/00- *****50.8	∪ *****. 010 :343400 •(] <u> </u>	
STREET ADDRESS City-St-Zip					ET ADDRESS - ST- ZIP		***************************************	() ************************************	.00	
TITLE	MRG		☐ Delete	- TITL	1			Change -	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SPRADLIN, MICI 01300 SPRING I FRUITLAND PAF	LAKE ROAD			E Et address - St- ZSP				ļ	
TITLE	THOILS IN	uv 1 E 04101	Delete	TITLE			- 	Change	Addition	
NAME Street Address		ı		NAMI STRE	E ET ADDRESS		٥)			
CITY- 8T- ZIP			Delete	CITY-	ST-ZIP			Change	☐ Addition	
MAME			C Paleta	NAME	•					
STREET ADDRESS CITY-ST-ZOP				1	ET ADDRESS ST-ZIP					
TITLE		•	Delete	TITLE				Change	Addition	
MAME STREET ADDRESS				MAMI Strei	E Et address			•	1	
CITY-ST-ZIP				CITY-	-ST-ZIP		<u> </u>			
indicated	l on this report is true	and accurate and that		the same	legal effect as if	f made under	7(3)(i), Florida Statutes. I further oath; that I am a managing me ida Statutes.			
SIGNAT	URE:	Muffle	midle.	Mic	MAEL VII	! Spra	DUN 1-7-00	<u> 352-787-</u>	5897	
	SIGNATI	ONE AND I THEU OR PRINTED	PRAME OF SIGNING MANAGING	MEMBER O	m MANAGEK		Date	payume Phone #		