SIGNATURE:

			-							
DOCUMENT # L980000002 1. Entity Name SMITH & SAWYER, L.L.C.					SECRETARY OF STATE DIVISION OF CORPORATIONS					
					UU	MAR -3 A	HII: U5			
Principal Place of Business Mailing Address										
	COURT NORTH	•								
VERO BEACH	FL 32963	VERO BEACH FL 32963-806	J							
2. Principal Place of Business 3. Mailing Address 63			CEAN	RoAi			er in er in er in er in e	HIII U	ALE CIEL LEEL	
634 OCEAN ROAD			SAME							
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & Stat	θ	City & State		4. FEI	Number			Арр	lied For	
VERO	BEACH FZ	VERO BEACH	FL			65-0807962		Not	Applicable	
Zip	Country	32963	Country	5. Ce	tificate of S	tatus Desired	□ \$5.00 Fee Red		ional	
3296	6. Name and Address of Current		USA	7. Nai	ne and Add	iress of New Reg		uirea		
			Name	C 0			/			
SMITH, ROBERT L Street Address					TH. ROBERT L. (SAME) s (P.O. Box Number is Not Acceptable)					
200 CAME	ELIA COURT NORTH	000.7.	634 0		20AD					
VERO BEACH FL 32963										
			City	Varo t	لا سمت		FL Zig	Code 296	.>	
8 The above	named entity submits this statement for	the nurroose of changing its re	eaistered office or			the State of Floris		<u>~10</u>	3	
o. He above	Of the Carlotter	the purpose of changing to re	gistored office or	registered agen	, or pour, in	and oldio or risin				
SIGNATURE .	Signature, typed or printed name of registered agent a		Registered Agent signatu				2-25-c	<u>~</u>		
	MANAGING MEMBE	Make Check Paya	W!!! FEE IS \$ able to Depart			nf3//	6/00			
9.	MGR	Delete	TITLE			ADDITIONO/C	K Cha		Addition	
NAME	SMITH, ROBERT L		NAME				_	•	_	
STREET ADDRESS	200 CAMELIA COURT NORTH		STREET ADDRESS	634 OCE	and for	₩	_			
CITY- 8T- ZIP	VERO BEACH FL 32963		CITY- \$T-ZIP	Vero B	=AZH	FL 329				
TITLE NAME	MGR	∟ Delete	TITLE NAME				Cha	iga	Addition	
STREET ADDRESS	SAWYER, PATRICA L 200 CAMELIA COURT NORTH		STREET ADDRESS	634 00	ean K	AΩ				
CITY-81-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP	Viseo G	EACH	AD FL 329	43			
TITLE	, , ,	Detete -	TITLE				Chai	ige	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY- ST-ZIP							
TITLE		☐ Delete	TITLE				☐ Chai	rge	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•	bantaan amina wataba waa				
TITLE		Delete	TITLE		<u> </u>	-11972270	<u>7:930:</u> 0010 :	1	Addition	
NAME			NAME			*****50	·***			
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-\$T-ZIP							
TITLE NAME		Delete	TITLE NAME				Char	198	Addition	
NAME STREET ADDRESS			STREET ADDRESS							
CITY- &T- ZIP			CITY-\$T-ZIP							
11. I hereby o	certify that the information supplied with on this report is true and accurate and	this filing does not qualify for the	he exemption stat	ed in Section 11	3.07(3)(i), Fl	orida Statutes. I fo	urther certify that t	he info	ormation of the	
iiicateu	hility company or the receiver or trustee	my organical original have the	port on required b	Chapter 600 I	Indian State	iton	.a			

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Daytime Pho