2001	GITTORIA DO	JIIILYY IILF (		<b>OD.</b> ()	<del></del> 7				858 48
DOCUMENT # L9800000867  1. Entity Name						A Section of the sect			
MADDUX				FILED					
		Marking Andrews		· · · · · · · · · · · · · · · · · · ·	_01 J	AN 16 AM 11: 17	,		
Principal Place of Business Mailing Address  ONE PROGRESS PLAZA, SUITE 820 P.O. BOX 202  ST PETERSBURG FL 33701 ST PETERBURG FL 33731			31 ·			ETARY OF STATE HASSEE, FLORIDA			
					,				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			I 182(18) SIG ISIN PAN SAN SAN SON SON SON SAN SAN ISIN SAN ISIN SAN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State	City & State		4. FEI !	Number 59-3518621 ·	<u></u>	olied For Applicable	
Zip	Country	Zip Cou		stry 5.		5. Certificate of Status Desired   \$5.00 Additional Fee Required			
	6. Name and Address of Curre	nt Registered Agent		Name	7. Nam	e and Address of New Registered	Agent		: 1
MADDUX, D. CARLEN ONE PROGRESS PLAZA, SUITE 820				Street Address (P.O. Box Number is Not Acceptable)					
	RSBURG FL 33701								
				City		Fl	Zip Code	)	! !
8. The above	named entity submits this statemen	t for the purpose of changing it	s registere	d office or regist	tered agent,	or both, in the State of Florida.			
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable (NO	TF: Registered	Agent signature requi	red when reinstal	ing) DATE			
	Signature, typed or printed rearing or registered ag			EE IS \$50.0					
		Make Check P				,			
9.		MBERS/MEMBERS	10.			ADDITIONS/CHANGES	3		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADDUX, D. CARLEN ONE PROGRESS PLAZA, SUI ST PETERSBURG FL 33701.	☐ Delete		1		800003554 -01/18/010 *****50.00	10930	13	2E083 (11/00)
TITLE	OTTENDONIA TE GOTOT.	Delete	TITLE		•	******	☐ Change	Addition	CR2
NAME STREET ADORESS CITY-ST-ZIP				T ADDRESS ST-ZIP				,	
TITLE' NAME STREET ADDRESS CITY-ST-ZIP		Delete			n	-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete		T ADDRESS	<i>71</i>		Change	☐ Addition	
CITY-ST-ZIP TITLE	*	☐ Delete	CITY-	ST-ZIP			Change	☐ Addition	
NAME STREET ADDRESS		i Delete	NAMI STRE		·				
CITY-ST-ZIP  TITLE ** NAME **		☐ Delete	TITLE				☐ Change	☐ Addition	İ
STREET ADDRESS CITY-ST-ZIP			CITY	T ADDRESS ST-ZIP	On all 1 and	07/0/0) 5(		dormetic -	1
11. I hereby o	certify that the information supplied to on this report is true and accurate a	with this tiling does not qualify to	Or (NO OXC)	nption stated in Jegal effect as i	Section 119 fimade unde	.07(3)(i), Florida Statutes. I further ce er oath: that I am a managing memb	erury (nat the If er or manage)	r of the	ı

limited liability company or the receiver or trustee empoye gnature shall have the same legal effect as it made under dath; that i a regular of the control of the same legal effect as it made under dath; that i a regular of the control of the con

SIGNATURE: SIGNATURE AND SPEED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

727 823 439 4 Daytime Phone #