

0032563 SP

APPROVED
AND
FILED

01 MAY -3 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2559685	Applied For
	Not Applicable

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin: 0 10px;">FL</div> <div>Zip Code</div> </div>

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE _____

9. MANAGING MEMBERS/MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MOORE, JAN	
STREET ADDRESS	234 EAST DAVIS BLVD.	
CITY - ST - ZIP	TAMPA FL 33606	

10.	ADDITIONS/CHANGES
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TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	846 W. DeLeon St., Ste. C
CITY - ST - ZIP	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JCH-OUTDOOR, INC.,	
STREET ADDRESS	806 W. DELEON ST., STE. C	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	MEMBER MEMBER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<u>NAME</u>	JLT Outdoor, Inc		
STREET ADDRESS	806 W. Dalem St., Ste. C		
CITY - ST - ZIP	Tampa FL 33606		

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ACS,	
STREET ADDRESS	517 ROUTE 1 SOUTH, STE. 1002	
CITY-ST-ZIP	ISEI IN NJ 08830	

TITLE	<i>12-1-10 3 strip</i>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	500004335663	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	-05/31/01--01041--025		
STREET ADDRESS	*****50.00	*****50.00	
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

SIGNATURE:

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

Date _____

Daytime Phone # _____

CR2E083 (11/00)