200	UNIFURM	POSINE	:33 KEP(JK I	(UBK)					
DOCUMENT # L9900003786 1. Entity Name C3HS, L.L.C.							FILED			
			•				01 JAN 24 A	MII: 08		
•	ce of Business	failing Address								
4705 OLD HIGHWAY 37 LAKELAND FL 33813			4705 OLD HIGHWAY 37 LAKELAND FL 33813				SECRETARY OF STATE TALEAHASSEE, FLORIBA			
DAKELAND F	E 33013	L.	LARCLAND FL 33013				CONTRACTOR LEGISM			
2. Principal Place of Business			3. Mailing Address				4 (88)/181) BIO 18/18 (8/1/ 88/1/ 88/1/ 88/1/ 88			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State				4. FEI Number APPLIED FOR Applied For			
Zip Country		Z	Zip Cour		try	5. Certificate of Status Desired 55.00 Additional				
-	6. Name and Address	of Current Boglete	ared Agent		, , , , , , , , , , , , , , , , , , ,			Fee Require	rd .	
	0. Hame and Address	or Current riegisti	seo Agent		Name _	/. Nam	e and Address of New Registere	Agent		
CHASTAIN, JAMES R JR					Street Address	e (PO Boy N	lumbar is Not Accontable)			
	O HIGHWAY 37				Street Address (P.O. Box Number is Not Acceptable)					
LAKELAND FL 33813										
					City	y FL Zip Code				
8. The above	named entity submits this st	tatement for the pu	rpose of changing its	s registere	L ed office or regis	tered agent,	or both, in the State of Florida.			
		•								
SIGNATURE .	Signature, typed or printed name of re-	gistered agent and title if a	applicable. (NO	 E: Registere	d Agent signature requi	ired when reinstati	ing) DATÉ			
					.					
			FILE N Make Check Pa		FEE IS \$50.0		,			
			Make Check F	ayabie t	o bepartment	OI State	·			
9.		NG MEMBERS/MI		10.			ADDITIONS/CHANGE			
TITLE NAME	MGR Cauthan, W.R.	•	☐ Delete	TITLE NAMI				☐ Change	Addition	
STREET ADDRESS	4705 OLD HIGHWAY 3	7			ET ADDRESS		,			
CITY-ST-ZIP	LAKELAND FL 33813		,	CITY	-ST-ZIP					
TITLE NAME	•		☐ Delete	TITLE NAMI	1			Change	Addition	
STREET ADDRESS					ET ADDRESS		- 100ggg泵57	5731	-006	
CITY-ST-ZIP				CITY	-ST-ZIP		-01/20/01 *****50,0		<u>*50.00</u>	
TITLE		-	Delete	TITLE	l .	7		☐ Change	Addition	
NAME STREET ADDRESS				NAMI STRE	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITLE			1.	☐ Change	☐ Addition	
NAME CTREET ADDRESS				NAM			/			
STREET ADDRESS CITY SY-ZIP					ET ADDRESS ST-ZIP		4.0/			
TITLE:			☐ Delete	TITLE			////	☐ Change	☐ Addition	
NAME				NAME			OV		_	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE		• • • • • • • • • • • • • • • • • • • •	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME		•	_ 55.00	NAME						
STREET ADDRESS					ET ADORESS					
11 bereby c	artify that the information are	nnliad with this file	un done not avalificate		ST-ZIP	Continu 110 1	07/01/i) Florido Chabata e Li alla		oformation.	
indicated limited lial	on this report is true and according to the company or the received	pplied with this fillr curate and that my ir or trustee suppov	eignature shall have vered to execute this	the same report as	legal effect as it required by Cha	section 119.0 f made under apter 608, Flo	07(3)(i), Florida Statutes. I further concepts that I am a managing membrida Statutes.	ertity that the it per or manage	r of the	
	h do	1 X 71 10			J.		Jan 15 200	/		
SIGNATURE: Jan 15 200/ SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #										