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Principal I	Place of Business	3. Mailing Address								
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.2/-	6. Name and Address of Curren	nt Registered Agent		Name	7. Name and	Address of New Rec			<u> </u>	
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he above										
	e named entity submits this statement	for the purpose of chang	ing its registere	ed office or registe	tered agent, or both	, in the State of Florid	da.		**	1
NATURE					-	, in the State of Floric			···	
NATURE		nt and title if applicable.	(NOTE: Registered	I Agent signature requin	red when reinstating)		DATÉ	81-		
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NATURE	Signature, typed or printed name of registered age  MANAGING MEM	nt and title if applicable.	(NOTE: Registered	Agent signature require	red when reinstating)		DATE 5 1 4 6 01 = 010 0.00 *	104==0	010	
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T ADDRESS ST-ZIP	Signature, typed or printed name of registered age  MANAGING MEM  PROSTIDENT  DRIVID L. STORES  740 BLOADLISALY  NOTO PRESTIDENT  Charles Loanes  740 BLOADLISALY  100  110  110  110  110  110  110  1	BERS/MEMBERS  Delete	(NOTE: Registered  E NOWIII F CK (Payable to  10.  TITLE NAME STREE CITY- TITLE NAME STREE	I Agent signature requin	red when reinstating)	300046 	DATE 6.1.46 01:=010 0.00 * HANGES	()4==(  ******   Change	010 50.00	CR2E083 (11/00)
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