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| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nome Nome Nome Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code TALLAHASSEE FL 32301 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. IGNATURE Signature, Liped or printed name of registered agent entitled is applicable. MARIAGING MEMBERS ID. MANAGING MEMBERS/MEMBERS ID. MANAGING MEMBERS/MEMBERS ID. ADDITIONS/CHANGES Consetts Address ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS/CHANGES INTER ADDITIONS/CHANGES INTER ADDITIONS/CHANGES INTER ADDITIONS/CHANGES ADD | City & State | e · | City & State | | 4. FEL | Number 1787067 | | | , |
| 6. Name and Address of Current Registered Agent Name | Zip . | Country | Zip | Country | | | | | 7 |
| MCKIBBEN, R. BRUCE JR 1301 MICCOSUKEE RD TALLAHASSEE FL 32301 City FL Zip Code Cit | | 6. Name and Address of Curre | nt Registered Agent | | | ne and Address of New Registers | | | 1 |
| Signature: The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Gity FL Zip Code City FL Zip Code County Addition Addition County Addition County Coun | MOMBE | N D BRUCE ID | | Name | | | | | _ |
| TALLAHASSEE FL 32301 City FL 71p Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. IGNATURE City FL 71p Code | | · | | Street | Address (P.O. Box | Number is Not Acceptable) | | | 7 |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. GRATURE | | | • | | _ | | | ~ | 1 |
| I. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. IGNATURE Sprinkers, speed or printed name of registered agent and fibe it applicable. (PAOTE Registered Agent signature required when rentaliting) I. MANAGING MEMBERS TO. ADDITIONS/CHANGES IT. MANAGING MEMBERS/MEMBERS TO. ADDITIONS/CHANGES IT. MANAGING MEMBERS/MEMBERS/MEMBERS TO. ADDITIONS/CHANGES IT. MANAGING MEMBERS/ME | | | | City | City | | | | |
| IGNATURE Signature, spend or printed name of registered agent and title if application. Control Cont | . The above | named entity submits this statemen | t for the purpose of changing its | registered office | or registered agent, | _ | | | ┪ |
| Symulue, typed or printed name of legislatered agent and like if applicable. INCER Regispered Agent Symulars required when remarking) Deleta | | , | | | • | | | | |
| MAKE Chock Payable to Department of State Make Chock Payable to Department of State | IGNATURE . | Signature, typed or printed name of registered ag | ent and title if applicable. (NOT | E: Registered Agent sign | nature required when reinsta | ating) DAT | E | | |
| MGRM BRAME, RICHARD M BRAME AND COLTEWAH TN 37363 CITY-51-21P | | | | | | mf 2/2 | 3/00 | | |
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| 1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information | | certify that the information supplied | with this filing does not qualify fo | | tated in Section 119 | 0.07(3)(i), Florida Statutes. I further | certify that the | nformation | 1 |

1001 PSCOGENKE PROVIDENCE OF THE SIGNATURE:

2/8/00 Date

423238-5136 Daytime Phone #