2000 UNIFORM BUSINESS REPORT (UBR) \$ 55,00 L99000005132 DOCUMENT # FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS 1. Entity Name DHOG. LLC 00 FEB 24 PH 12: 01 Principal Place of Business Mailing Address 328 GREEN ACRES DRIVE 328 GREEN ACRES DRIVE **DEFUNIAK SPRINGS FL 32433** DEFUNIAK SPRINGS FL 32433-7996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State Not Applicable Zip Country Country \$5.00 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -MONTGOMERY, WAYNE: 328 GREEN ACRES DRIVE **DEFUNIAK SPRINGS FL 32433** statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named e SIGNATURE! (NOTE: Registered Agent signature required when reinstating) DATE ne of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES MGR Change Addition TITE TITLE ☐ Delate WRIGHT, WILLIAM R 800003164328 NAME HAME -03/09/00--01095--013 328 GREEN ACRES DRIVE STREET ADDRESS STREET ANDRESS **DEFUNIAK SPRINGS FL 32433** *****55.00 *****55,00 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZEP CITY- ST- 71P Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIJ CITY- ST-ZIP Change Addition Delete TITLE TITLE MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME MAME STREET ADDRESS STREET ACCRESS CITY-8T-ZEP CITY- ST- 7IP Change Addition | ☐ Delate TITLE TITLE NAME RAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP inplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information coupling and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the coupling trusted amount of th 11. I hereby certify that the information indicated on this report is true and limited liability company or the SIGNATURE:

Daytime Phone #

SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER