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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

Country

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

Zip Code

SIGNATURE

DATE \_\_\_\_\_

**9. MANAGING MEMBERS/MEMBERS**

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500003118815--9
STREET ADDRESS	-02/01/00--01092--007
CITY - ST - ZIP	*****25.00 *****25.00

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100003118821--1
STREET ADDRESS	-02/01/00--01092--008
CITY-ST-ZIP	*****25.00 *****25.00

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

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

**SIGNATURE:**

Daytime Phone #

CR2E083 (9/99)