200	1 UNIFORM BUSI	NESS REPO	RT (UBR))				
DOCUMENT # 1. Entity Name 1. Entity Name 1. Entity Name								
		- 110	. # ₩	F	ILED			
Principal Place of Business Mailing Address					1 13 M 10: 57	,	·	
·					164 0c cz			
LAKELAND, FL 33809					ARY OF STATE SSEE, FLORIDA			
Principal Place of Business 3. Mailing Address								
			· · · · · · · · · · · · · · · · · · ·					
Suite, Apt. #, etc. Suite, Apt. #, etc					DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FELL	4. FELNumber Applied For Not Applicable			 -
Zip	Country	Zip	Country	5. Certi	ficate of Status Desired		\$5.00 Ad Fee Require	Iditional ed
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
ANTON, TERRENCE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)								
1	,							
VALRICOS FL 33594			City			FL.	Zip Coc	ie l
8. The above	named eatily submits this statement for	the purpose of changing its	registered office or reg	gistered agent,	or both, in the State of F		<u></u>	
SIGNATURE DA JUTON TERRENCE ANTON PRESIDENT 4/30/01								
Signature, typed or prighed name of phistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
		- and the state of	OW!!! FEE IS \$50 yable to Departme	The state of the s	500004	1423 3701-0		
	AAAA ON O MENDE	· —- [e compensation of		*****	<u> </u>		
9.	MANAGING MEMBE	Delete	10.		ADDITIONS	CHANGES	Change	Addition
NAME STREET ADDRESS	THOMAS O'NEILL QUHH GREATHERON	CIRCLE	NAME STREET ADDRESS					
CITY-ST-ZIP	VICE PREIDENT		CITY-ST-ZIP					
NAME	MALLY HURNSTRA	₩ Delete	NAME				☐ Change	Addition
STREET ADDRESS	WALLY ARMSTRA 135 LAMARAX L MATLENO FL	.NNE 37751	STREET ADDRESS CITY-ST-ZIP					
-TITLE	E E E E E	Delete	ح صحیح عاتات ی				- Change-	
NAME STREET ADDRESS			NAME STREET ADDRESS					ĺ
CITY-ST-ZIP		Delete	CITY-ST-ZIP				Change	Addition
NAME		- Delete	NAME				C Onungo	
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				☐ Change	Addition
NAME : STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
11. 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 indicated on this report is true and accurate 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: 1 100 D.M. 4/30/01 863-859-1554								
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MAN	IAGER, OR AUTHORIZED REP	RESENTATIVE	Date		aytime Phone #	927