Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required \$5.	OOCUMENT# L9900000	0030	•	FILED
SECRETARY OF STATE FALL AHASSEE, FLORIDA SECRETARY OF STATE FALL AHASSEE, FLORIDA SECRETARY OF STATE FALL AHASSEE, FLORIDA Protopie Place of Business Suite, Apr. 4, etc. City A State City A St	·			OO APR 12 PM 12. 15
###### Date of Eurinose Suita, Apt. #, etc Country	ESAYE, L.C.	•		·
WELLINGTON FL. 33 YIY Principal Place of Business Suite, Apt. #, etc. City & State City & Country City City City City City City City City	,			SECRETARY OF STATE
DO NOT WRITE IN THIS SPACE Suite. Apt. 4. etc. Suite. Apt. 4. etc. Suite. Apt. 4. etc. City & State City & State City & State City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	rincipal Place of Business	Mailing Address		FALL AHASSEE, FLORIDA
Principal Place of Business Suite, Apr. #, etc. Suite, Apr. #, etc. Suite, Apr. #, etc. City & State City & Country Street Address of New Registered Agent FLE TA Country ROYAL Park, FL 33441 City Wellwarton FL Ze Country ROYAL Park, FL 33441 City Wellwarton FL Ze Country City Well	2/33 VININGS CIR	Apt 105	-	
Suite, Apt. #, etc. City & State Country A point for in Not Applicable in Not Applicable in Not Acceptable in Not Accep				
City & State Country Zip Country Country Country S. Certificate of Status Desired \$5.00 Additional Fee Required Status Desired \$5.00 Additional Fee Required Street Activities of Name and Address of Current Registered Agent Name and Address of New Registered Agent Name	Principal Place of Business	3. Mailing Address		
City & State Country Zip Country Zip Country State Stat	Suite, Apt. #, etc.	Suite, Apt. #, etc.		MINM DO NOT WRITE IN THIS SPACE
Stock Address of Status Desired S. O. Additional S. Certificate of Status Desired S. O. Additional S. Certificate of Status Desired S. O. Additional Stock Address of Status Desired Statu	City & State	City & State		4. FEI Number Applied For
Street Address (FO Bay Number is Not Acceptable) Street Address (FO Bay Number is Not Acceptable) Apt #/O Street Address (FO Bay Number is Not Acceptable) Apt #/O City WELLINGTON FL Zip Code			Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
Street Address IPO Box Number is Not Acceptaged IPO Box Number is Number is Not Acceptaged IPO Box Number is N		Registered Agent		
The above named entity subcasts this statement for the purpose of changing its registered agent, or both, in the State of Florida. Control Co	FUCHS AND JONES		. /	
The above named entity subagis this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Control Co	590 POINT OF LAW		Street Addre	ss (P.O. Box Number is Not Acceptable) 133 VININGS CIR. PBC #105
The above named entity subcasts this statement for the purpose of changing its registered agent, or both, in the State of Florida. Control Co	PONAL POLOS	EACH BOULEVA	RD	
The above named entity subcasts this statement for the purpose of changing its registered agent, or both, in the State of Florida. Control Co	LOYAL PALM, 12.	33411	City	Zip Code
SNATURE Committee Committ			u	
College Coll	The above named entity submits this statement to	ir the purpose of changing its r	egistered office or regi	stered agent, or both, in the State of Florida.
MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES TITLE CLERAGE Change Addition CLERAGE CHANGE		and title if applicable (NOTE:	Registered Agent signature req	uired when reinstating) DATE
Make Check Payable to Department of State MANAGING MEMBERS / MEMBERS LE CURRON LINEWALLY MIGR AND LINEWALLY MIGR AND CONTROL OF Addition ME CURRON LINEWALLY MIGR AND CONTROL OF ADDITIONS/CHANGES OITY-ST-ZIP LE CURRON LINEWALLY MIGR AND CONTROL OF ADDITIONS/CHANGES OITY-ST-ZIP LE CURRON LINEWALLY MIGR AND CONTROL OF ADDITIONS/CHANGES OITY-ST-ZIP LE CURRON LINEWALLY MIGR AND CONTROL OF ADDITIONS/CHANGES OITY-ST-ZIP LE CURRON LINEWALLY MIGR AND CONTROL OF ADDITIONS/CHANGES OITY-ST-ZIP LE CONTROL OF ADDITI		ng na nguya dan sa sang na na na sa sa sa Sa sa		
EET ADDRESS 2/33 VINIAGS C.R. PBC. #105 6EET ADDRESS 2/33 VINIAGS C.R. PBC. #105 6EET ADDRESS 6FF ADDR		上海海岸市公司的市场市场中央市场市场市场市场市场市场市场市场市场市场市场市场市场市场市场市场市场	可能的 使得到强烈性情况 经销售的过去式	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
E CARRONS CAR Addition CLIF ORD WARDALLY MGR STRET ADDRESS -ST-7P E E CHANGES -ST-7P E E CHANGES -ST-7P Delete Delete Delete TITLE NAME STRET ADDRESS	MANIACING MEMOR		20年6月1日2日 - 120日 - 121日 - 121	
THE CUFFORD WARDALLY MG R ASTA ## STREET ADDRESS OTY ST-ZIP THE STREET ADDRESS OTY ST-ZIP		Figure AND EDG		ADDITIONS (QUANGES
EET ADDRESS	أحسر من الأراث	<u> </u>	·	· · · · · · · · · · · · · · · · · · ·
Delete TITLE NAME Change Addition	PRÉSIDENT)	ALL MGR	TITLE NAME	Change Addition
NAME EET ADDRESS -ST-ZIP Delete	PRÉSIDENT)	ALL MGR	TITLE NAME	Change Addition 3000032240134 -04/25/0001103030
STREET ADDRESS A-ST-ZIP E EET ADDRESS CITY-ST-ZIP E E ET ADDRESS CITY-ST-ZIP E E E E E E E E E E E E E E E E E E E	E (PRESIDENT) RE CLIFFORD WARD 12133 VININGS CIN WELLINGTONFL	Delete ALLY MGR 1. Apt: #105 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 3000032240134 -04/257000103030 *****50.00 ******50.00
Delete TILE Change Addition	E (PRESIDENT) EET ADDRESS -ST-ZIP E (PRESIDENT) (PRES	Delete ALLY MGR 1. Apt: #105 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Change
NAME STREET ADDRESS CITY-ST-ZIP E Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CET ADDRESS -ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME CHARGE CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby 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	E (PRESIDENT) EET ADDRESS -ST-ZIP E E E E E (PRESIDENT) UNING S UN	Delete ALLY MGR 1. Apt: #105 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Change
STREET ADDRESS -ST-ZIP Delete	E (PRESIDENT) EET ADDRESS -ST-ZIP EET ADDRESS EET ADDRESS	Delete ALLY MGR 1. Apt: #105 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change
Delete TITLE Change Addition	E (PRESIZENT) AE CLIFFORD WARD. 2133 VININGS CIN WELLINGTONFL. EET ADDRESS (-ST-ZIP E	□ Delete ALLy MGR AND HISTORY Belete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change
NAME STREET ADDRESS -ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS -ST-ZIP TITLE NAME STREET ADDRESS -ST-ZIP ELETHORDESS -ST-ZIP Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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	E (PRESIDENT) AE CLIFFORD WARD. 2/33 VININGS CIN WELLINGTONEL E AE EET ADDRESS (-ST-ZIP E AE AE AE AE AE AE AE AE AE	□ Delete ALLy MGR AND HISTORY Belete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Change Addition
STREET ADDRESS -ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHange Addition Addition Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP Thereby 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	E (PRESIDENT) CLIFFORD WARD. 2/33 VININGS CIN E E E E ADDRESS -ST-ZIP E E E E ADDRESS E E E ADDRESS E E E E ADDRESS	□ Delete ALLy MGR AND HISTORY Belete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Addition Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Addition Addition Change Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Addition Addition Addition Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Addition Change Addition Addition Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Additio	E (PRESIDENT) AE EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP	Delete ACC MGR PSC: #/05 334/4 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change
NAME STREET ADDRESS CITY-ST-ZIP E Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby 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	E (PRESIENT) EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	Delete ACC MGR PSC: #/05 334/4 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Change
NAME STREET ADDRESS CITY-ST-ZIP E Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby 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	E (PRESIENT) EET ADDRESS -ST-ZIP E ME EET ADDRESS	Delete ACC MGR PSC: #/05 334/4 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change
CITY-ST-ZIP E Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby 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	E (PRESIDENT) AE EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP	□ Delete ACU, MGR R. ABC: #/OS 334/4 □ Delete □ Delete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change
Delete TITLE , Change Addition EXECUTE ADDRESS CITY-ST-ZIP Thereby 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	E (PRESIDENT) EET ADDRESS -ST-ZIP E EET ADDRESS	□ Delete ACU, MGR R. ABC: #/OS 334/4 □ Delete □ Delete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Change
NAME STREET ADDRESS CITY-ST-ZIP 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	E (PRESIENT) BE CLIFFORD WARD. 2/33 VININGS CIA WELLINGTONFLE E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	□ Delete ACU, MGR R. ABC: #/OS 334/4 □ Delete □ Delete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change
STREET ADDRESS CITY-ST-ZIP 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	EET ADDRESS (-ST-ZIP	Delete ACC, MGR ACC, MGR Bette Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Addition Addition Change Addition Addition Change Addition Addi
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	LE ME ME LEET ADDRESS Y-ST-ZIP LE ME LE	Delete ACC, MGR ACC, MGR Bette Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Change
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	EET ADDRESS (-ST-ZIP ET ADRESS (-ST-ZIP ET ADDRESS (-ST	Delete ACC, MGR ACC, MGR Bette Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Change
	ME M	Delete ACC, MGR ACC, MGR Bette Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition Change Addition Addition Change Addition Addition Addition Addition Change Addition Addition Addition Addition Addition Change Addition
minico naminy company of the receiver of treatee empowered to execute this report as required by Chapter and, Moritoa Statutes.	LE (PRESIDENT) ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LE LE LE LE LE LE LE LE	Delete ACC MGR ACC MGR Bet H/OS 334/4 Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP	Change