| 2000 UNIFORM BUS | NESS REPO | RT.{UB | R) | | 1 | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|--------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|-----------------------------|
| DOCUMENT # 1. Entity Name* ARTISTIC INTERIORS (CIRCA 2000), LLC | | | | EILED | W3/21 | ; |
| | | | | FILED OOMAR 10 PH 1: 27 OSTEREJARY OF STATE OSTEREJARY OF STATE | | |
| Principal Place of Business | Mailing Address | | | SECRETARY OF STAT TALLAHASSEE FLORI | DA | |
| 2. Principal Place of Business 3. Mailing Address 8418 BAY SPRINGS DRIVE 8418 BAY SPRINGS DRIVE | | | | B003355& | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | DO NOT WRITE | IN THIS SPACE | | |
| City & State ORLANDO, FLORIDA City & State ORLANDO, FLORIDA | | | | 4. FEI Number APPLIED FOR | — | oplied For ot Applicable |
| 32819 Country USA | ^{Zip} 32819 | Country | | 5. Certificate of Status Desired | S5.00 Address Require | |
| 6. Name and Address of Current Registered Agent Name | | | | 7. Name and Address of New Registered Agent | | |
| DEB | | | DEBE | RA A. JULIAN (P.O. Box Number is Not Acceptable) | | |
| | | | 8 BAY SPRINGS DRIVE | | | |
| City ORLAN | | | | | FL 3281 | 9 |
| 8. The above named entity submits this statement to | the purpose of changing its | registered affice o | or registere | ed agent, or both, in the State of Floric | la. | |
| SIGNATURE Spinature, typed or printed name of registered against | DEBI and title if applicable. (NOTE | RA A. JU: Registered Agent signa | | MANAGING MEMBER when reinstating) | 00 /25/00 | - |
| | FILE NO Make Check Pa | OWIII FEE IS yable to Depar | 的都可能的物質的問題 | State | | |
| 9. MANAGING MEMBI | ERS/MEMBERS | 10. | | ADDITIONS/C | HANGES | |
| TITLE NAME | ☐ Delete | TITLE | 1 | GING MEMBER | Change | Addition |
| STREET ADDRESS | | | 8418 | RA A. JULIAN B BAY SPRINGS DRI | | : |
| CITY-ST-ZIP | ☐ Delete | TITLE | ORLA | ANDO, FLORIDA 328 | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | 74, , , | NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE | Delete | NAME | | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | | | 0010120 ,00 ****5(| 09 0.00 |
| THILE | ☐ Delete | TITLE , | | 4) | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS ^ | | NAME STREET ADDRESS | | | | |
| CITY-ST-ZIP TITLE | ☐ Delete | CITY-ST-ZIP | | | ☐ Change | Addition |
| NAME STREET ADDRESS | ∟ Delete | NAME STREET ADDRESS | | | □ change | Addition |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | | |
| TIPLE NAME | ☐ Delete | TITLE NAME | | | ☐ Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | | | | |
| I hereby certify that the information supplied with indicated on this report is true and accurate and limited liability company or the eceiver or trustee. | that my signature shall have t | he same legal effe | ect as if ma | ade under oath; that I am a managing | rther certify that the ir g member or manage | nformation er of the |

DEBRA A. JULIAN

(407)876-6617