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Principal Place of Business Mailing Address					1	N	FM O SI		
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2. Principal Pl	lace of Business	3, Mailing Address	<u> </u>		7	l (Odfælt lit Delší Rofil ødilt omrt	i Matti 29ikt Ratil Baiti dina	11811 BIBI 1881	
5670) West Cypress	50	<u>ame</u>		4	DO NOT WITH	IN THE COACE		
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WAITE	IN THIS SPACE		
City & State	e /_	City & State			4. FEI N	umber 36-4310266	⊢ +	plied For	
336		Zip	Count	m.			No □ \$5.00 Add	t Applicable	
Zip .	Country	Zip	Codin	u y	5. Certif	icate of Status Desired	Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name	and Address of New Re	gistered Agent		
HELMAN,	EDIC			Name C	VIC	T. Nel	Man.		
	TH ASHLEY DR., STE 1100			Street Address	(P.O. Box N	umber is Not Acceptable)	30	iten	
TAMPA F		•		51.11	2 11/4	est Pica	125 SZ		
				0010	- 00 6	si cypi	EI Zip.Code	<u>-</u>	
				100	npa		- FL 3	607	
8. The above	named entity submits this statement for	or the purpose of changing	g its registere	d office or registe	eréd agent, d	or both, in the State of Flori	da.	;	
SIGNATURE .									
OIGHAI OIL.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registered	Agent signature requin	ed when reinstati	ng) .	DATE		
		FILE	NOW!!!	FEE IS \$50.00)				
	· · · · · · · · · · · · · · · · · · ·	—————Make:Check	Payable to	o-Department-	of State				
9.	MANAGING MEMB	ERS/MEMBERS.	10.			ADDITIONS/0	CHANGES	-:-	
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NAME	ERICT. HELMAN 5670 W. CYPRESS	ST STACE	NAMI	E Et address		200003	888412	6	£
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CiTY-ST-ZIP	and the short shor	h the filing does for a life		-ST-ZIP	Section 110	07(3Vi) Florida Statutae I	further certify that the i	nformation	ĺ
indicated	certify that the information supplied wit on this report is true and accurate and ability company or the receiver or truste	that my signature shall be	ave the same	e legal effect as if	f made unde	r oath; that I am a managi prida Statutes	ing member or manage	er of the	
iimited lia	toling company or the reserver or trester	so empowersono execute	ans report as	a required by Offe	ADIO: 000, FIL	J. Ga Charles			
CICNAT	TIPE. SDAVA		n	-		•	÷		
SIGNAT	CICHATURE AND TYPE OF PRINTED NAME	OF SIGNING MANAGING LEWISE	MANAGER OF	AUTHORIZED REPRE	SENTATIVE	Date	Daytime Phone #		1