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2. Principal Place of Business 3.				Mailing Address												
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	6. Name	and Address of Curren	t Registe	red Agent			Name	=	7. Name	and Ad	dress of l	New Re	gistered	Agent		
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PL	ANTATION	FL 333324					City						FL	Zip Co	de	
8. The above	e named entity	submits this statement f	or the pur	nose of cha	naina its re	enistere	ed office o	r registere	d agent or	r both in	the State	of Flori		•]		-
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REQUIRED JEFFREY H. KUGLER 8/10/01 112-820-6500 ASING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Proces