FILED

· UNII	FUNIN BUSI	NESS NEPU	וח	(UDN	<u>'/</u>	Fab 10 1	2002	2.00) am	
DOCUMENT # M93397 1. Entity Name WSI REALTY & CAPITAL COMPANY						Feb 10, 2002 8:00 am Secretary of State 02-10-2002 90036 001 ***150.00				
e of Business IAN HILLS 33469	Mailing Address % WAYNE BABB 17337 SE INDIAN HILLS DR									
		-							SI	
ace of Busin	3. Mailing Address									
#, etc.	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPA	ACE			
9	City & State			4. E	65-0069833 Applied For Not Applicable					
Country		Zip Count		try	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
6. Name	and Address of Current F	Registered Agent			7. N	ame and Address of New Re	gistered Ag	ent		
BABB, WAYNE H. 17337 SE INDIAN HILLS DR TEQUESTA FL 33469				Name Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code		
named entity	submits this statement for	the purpose of changing its r	egistere	ed office or	registered age	ent, or both, in the State of Flor	-			
Sinnature typed	or printed name of registered agent a	nd litte if applicable (NOTE)	Registeren	1 Agent signatur	e required when re	instating)	DATE			
Signature, typed										
		After May 1, 2002 Fee will be \$550.00			50.00	· -			May Be to Fees	
	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	CERS AND D	IRECTORS	IN 11		
PST	0.1.102.101.11.10		-						Addition	
BABB, WA 17337 SE	indian Hill dr		NAME STRE	E ET ADDRESS						
D BABB, WA	YNE H.	☐ Delete	NAM	E			. [_ Change	Addition	
	- ·									
		☐ Delete	NAMI STRE	E Et address				_ Change	Addition	
	<u></u>	□ Doloto	-				ſ	7 Channe	Addition	
		Dolete	NAMI STRE	E ET ADORESS			•	_		
		☐ Delete	TITLE NAME STRE	E Et address			Γ	☐ Change	Addition	
		☐ Delete	TITLE NAMI STRE	E Et address			[_] Change	Addition	
	e of Business IAN HILLS 33469 ace of Busin #, etc. 6. Name AYNE H. INDIAN HII A FL 33469 ration is eligication is eligication. PST BABB, WA 17337 SE BABB, WA 17337 SE	e of Business IAN HILLS 33469 ace of Business #, etc. Country 6. Name and Address of Current F AYNE H. INDIAN HILLS DR A FL 33469 named entity submits this statement for Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) OFFICERS AND E PST BABB, WAYNE H. 17337 SE INDIAN HILL DR TEQUESTA FL	e of Business IAN HILLS 33469 Ace of Business Accidence o	e of Business	e of Business A Mailing Address **WAYNE BABB 1737 SE INDIAN HILLS DR **TEOUESTA FL 33469 US **JE INDIAN HILLS DR **City & State Country Zip Country	e of Business Address	Secreta O2-10-2002 5 ITY & CAPITAL COMPANY O2-10-2002 5 IN HILLS IN HILLS IN WA'NE BABB 1737 SE NDIAN HILLS DR TEQUESTA FL OCUNITY Zip Country Street Address (P.O. Box Number is Not Acceptable) City & State A FE Number Street Address (P.O. Box Number is Not Acceptable) City Trained entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flore Trained entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flore Trained entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flore Trained entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flore Trained entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flore Trained entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flore Street Address (P.O. Box Number is Not Acceptable) Trained entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flore Street Address (P.O. Box Number is Not Acceptable) Trained entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flore Street Address (P.O. Box Number is Not Acceptable) Trained entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flore Trained entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flore Trained entity submits and address of Current Registered Agent Trained entity submits and address of Cu	Secretary of TY & CAPITAL COMPANY Set of Business Ma ling Address AN HILLS WAYNE BABB 1737 SE INDAH HILLS DIR TEQUESTA PL ORFICERS AND DIRECTORS TRUE AND THE PLAN THE SET OF THE STANDS FILE NOVILLE FEEL STEEDS OFFICERS AND DIRECTORS TEDUESTA PL ORFICERS AND DIRECTORS TO Belde THE MARK STRET ADDRESS OR STEEP ADDRESS OR	Secretary of Sta 173 & CAPITAL COMPANY of Business Mailing Address Mailing Mail	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to focute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE OF TYPES OR FINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date