2006 NOT-FOR-PROFIT CORPORATION

1. Entity Nam	RANCHI	#N12025 ES COMMUNITY I	DEVELOP M ENT			FILED 06 OCT 13 PM 3:38				
2201 SOUTHWEST 42 AVENUE				Mailing Address 2201 SOUTHWEST 42 AVENUE HOLLYWOOD, FL 33023		SECRETAL TALLAHASSEE, FLORIDA				
2. Principal Place of Business 3. Ma			3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			TEINSTATENENT 4/06)				
City & State			City & State			4. FEI Number			t Applicable	
Zip		Country	Zip	Country		5. Certificate of Sta	tus Desired	\$8.75 Add Fee Required		
	6. Name	and Address of Current	Registered Agent		12.4.4	7. Name and Addre	ess of New Registered	Agent		
MCDONALD, RUTHIE 4033 SW 22ND STREET HOLLYWOOD, FL 33023					<u> / </u>	1 SDONALD, KUTHIE ddress (P.O. Box Number is Not Acceptable) 201 S, W, 42 AVENUE				
				City	WE	ST PAS	eK FL	20 Code	33	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
D	-	e is \$61.25 etember 6, 2006	I	Campaign Financing and Contribution.	· – '	\$5.00 May Be Added to Fees	Make checi Florida Depar	and the first of the second second	0.000 A 1	
10.	Las	OFFICERS AND DI		11.			S TO OFFICERS AND DI			
TITLE NAME	PD DORSET	T, THOMAS	Delete	TITLE P2	PAI	dwyn o	2 Thomas	☐ Change	Addition	
STREET ADORESS CITY-ST-ZIP	4760 SW	•		STREET ADDRESS /			11dwin C Thomas Change X Addition 1951 N.W. 85 WAY Pembroke PINES, FL 33024			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENDRIC 5206 SW	K, MARY	☐ Delete	TITLE	- ` `	200000	- (Addition	
TITLE	LICELIAN	23RD ST. DOD, FL		NAME STREET ADDRES CITY-ST-ZIP	88		0081156 60104500	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	CS THOMAS,	OOD, FL , FLORENCE 26TH STREET	☐ Delete	STREET ADDRES				☐ Change	ļ	
NAME Street address	CS THOMAS, 4780 SW HOLLYVA M MCDONA	OOD, FL FLORENCE 26TH STREET OOD, FL LD, RUTHIE 28TH STREET	☐ Delete	STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	SS			☐ Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby cindicated of the cor	CS THOMAS, 4780 SW HOLLYW M MCDONA 4141 SW HOLLYW M NICKOLS 4350 SW HOLLYW HOLLYW Coertify that the	PLODD, FL FLORENCE 26TH STREET DOD, FL LD, RUTHIE 28TH STREET DOD, FL ON, JACQUELINE 24STREET DOD, FL 33023 e information supplied with tor supplemental report is received of trustee employment with an address.	Delete Delete Delete Delete	STREET ADDRES CITY-SI-ZIP TITLE NAME STREET ADDRES CITY-SI-ZIP TYPE TYP	SS	10/24/0 10/24/0 24/0 29/0 3.W. 57 P.H.R.K.,	in Statutes. I further certificate under oath; that I a that my name appears in $8/29/06$	Change Change Change	Addition Addition Ormation or director	