

FILED
Mar 25, 2008 8:00 am
Secretary of State

DOCUMENT # N30296

The Seal of the State of Illinois is a circular emblem. It features a central figure of a Native American holding a bow and arrow. The text "GREAT SEAL OF THE STATE OF ILLINOIS" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

Mailing Address
2951 CLARK ROAD
SARASOTA, FL 34231

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

CR2E037 (12/06)

Applied For	
-------------	--

Not Applicable

☐ **\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STEPHEN LEITMAN		
STREET ADDRESS	5630 ASHTON LAKE DR		
CITY-ST-ZIP	SARASOTA FL 34231		

TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JUNE K SCANLON		
STREET ADDRESS	5679 ASHTON LAKE DR		
CITY-ST-ZIP	SACRAMENTO CA 95831		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Constance Morrill Constance Morrill 3-6-08 941-922-9603