FILED Mar 28, 2000 8:00 am Secretary of State

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numbe	4. FEI Number 59-2769587		olied For Applicable	
Zip	Country	Zip	Country	5. Certificate		8.75 Addi		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
KOPP, WILLIAM R. 333 S. TAMIAMI TRAIL SUITE 199			Name	Name				
			Street Address (P.O. Box Number is Not Acceptable)					
VENICE FL 34285		City	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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Signature, typed or printed name or registered agent and title it applicable. (NOTE: neglistered Agent signature required when remistating)								
FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							10	
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DIVIDENT	UN FL	New police		S M M 4 C		☐ Change	Addition	
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NAME EULER, M			NAME	e 211 - 1	y 4 STW			
	H WST WEST #104		STREET ADDRESS	Dan .	N PEARMANI 4 4 STW TON, F/ 34	(3)49		
CITY-ST-ZIP BRADENT	ON FL			Dr Aden				
TITLE		☐ Delete	, TITLE		[Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
49 I haraby partify that th	a information according with t	this filing does not qualify for th	na avamption stat	ad in Castian 110 07/3\	 Florida Statutes, I further certifi 	that the in	formation	

Liberepy 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 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: