## 2005 NOT-FOR-PROFIT CORPORATION

FILED  OS OCT 12 PM 2: 32  Principal Place of Business  JUSP PRINCIPAL PLACE  PRINCIPAL PLA	KEINS I A I EWEN I										
2. Periocial Placo of Business 4100 Bog 34 CYCLL Rd  3. Malling Address 4100 Bog 34 CYCLL Rd  Sulls, Apr. 8, etc.  10102005 REINNIP  CR2E099 (6/04)  Sulls, Apr. 8, etc.  10102005 REINNIP  CR2E099 (6/04)  CR2 Sulls, Apr. 8, etc.  10102005 REINNIP  CR2E099 (6/04)  Apr. 8, etc.  10102005 REINNIP  Apr. 8, etc.  10102005	1. Entity Name						05 OCT 12 PĦ 2: 32				
Mode   Control   Courtery   Cou	1103 PENN AVE- → PO BOX 701776							IALLAHAS	Ste. F	LUKIDA	13)
Suite, Apr. #. etc.   10102005 REIN-NP   CR2EG99 (6/04)   City & State   4. Fe I Number   CR2EG99 (6/04)   Applicative   City & State   4. Fe I Number   Side of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Country   S. Certificate of Status Decision   S8.75 Additional   Research   Research   Country   S. Certificate of Status Decision   S. Certificate   Country   S. Certificate   Country			. Mailing Address								
Signature   F.							10102005 <sub>F</sub>	REIN-NP	CR2E0	99 (6/04)	
S. Certification of Statuta Desired  S. Certification of Statuta Desired  For Required  7. Name and Address of New Registered Agent  Name  LECAPTAIN, MYRA  4445 CANOE CREEK RD  Sheel Address (P.O. Box Number is Not Acceptable)  International Address (P.O. Box Number is Number is Number is Number is Number is Number i		, Fl.	City & State						1		
LECAPTAIN, MYRA 4445 CANDE CREEK RD Street Address (P.O. Box Number is Not Acceptable)  8. The above named entity authorits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Politica. Lan tarriller with, and accept the chilippations of registered agent, or both, in the State of Politica. Lan tarriller with, and accept the chilippations of registered agent.  Signature:    File Now!!! FEE IS \$236.25   After January 1, 2006, Fee will be \$327.50    10.		( ' 6 )	Zîp	Cou	intry		5. Certificate of	Status Desired			
Street Address (P.O. Box Number is Not Acceptable)	6. Nan	ne and Address of Current Reg	istered Agent				7. Name and A	ddress of New Re	egistered A	gent	
8. The above named only 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	4445 CANOÉ CREEK RD										
SIGNATURE					City				FL	Zip Code	
SIGNATURE    Signature   Signa											and accept
After January 1, 2006, Fee will be \$297.50  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITHE PD MARTINEZ, ARIEL MARK VD UNDELL, RYAN UNDELL, RYAN MARK MARK MARK MARK MARK MARK MARK MARK	SIGNATURE They was the copy										
TITLE NAME MARTINEZ, ARIBEL MARTINEZ, AR							,				
NAME SIRRET ADDRESS CITY-ST-2P  TITLE  VD  INDELL, RYAN PO BOX 701776 SIRRET ADDRESS SIRRET ADDRESS CITY-ST-2P  TITLE  VD  INDELL, RYAN PO BOX 701776 SIRRET ADDRESS SAINT CLOUD, FL 34770  TITLE  TITLE TD  INDELL, RYAN PO BOX 701776 SIRRET ADDRESS CITY-ST-2P  ST CLOUD, FL 34770  TITLE TO  INDELL RYAN PO BOX 701776 SIRRET ADDRESS ST CLOUD, FL 34770  TITLE TO  INDELL RYAN PO BOX 701776 SIRRET ADDRESS ST CLOUD, FL 34770  TITLE TO  INDELL RYAN SIRRET ADDRESS ST CLOUD, FL 34770  TITLE TO  INDELL RYAN SIRRET ADDRESS ST CLOUD, FL 34770  TITLE TO  INDELL RYAN SIRRET ADDRESS ST CLOUD, FL 34770  TITLE TO  INDELL RYAN SIRRET ADDRESS CITY-ST-2P  SAINT CLOUD, FL 34770  TITLE TO  INDEL SEC. SIRRET ADDRESS CITY-ST-2P  TITLE TO  INDEL SEC. SIRRET ADDRESS CITY-ST-2P  TITLE TO  INDEL SIRRET ADDRESS CITY-ST-2P  TO  Change Addition That I are information supplied with this filling does not qualify for the exemption stated in Section 118 07(3)(), Florids Statutes. Further certify that the information of the corporation of the corporation of the scorporation of the second receiver of trusted exposured prepared is required by Chapter 617, Florids 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 emprowered.	.,	OFFICERS AND DIREC	TORS	11.		- /	ADDITIONS/CHAN	IGES TO OFFICER	RS AND DIF	ECTORS IN	10
NAME SIREF ADDRESS CITY-ST-ZIP SAINT CLOUD, FL 34770  ITLE NAME LECAPTAIN, MYRA PO BOX 701776 SIREF ADDRESS CITY-ST-ZIP SHOWN TO 1776 SIREF ADDRESS CITY-ST-ZIP SHOWN TO 1776 SIREF ADDRESS PO BOX 701776 SIREF ADDRESS CITY-ST-ZIP ST CLOUD, FL 34770  ITLE SD NAME LECAPTAIN, MYRA LECAPTAIN, MYRA LECAPTAIN, MYRA PO BOX 701776 SIREF ADDRESS CITY-ST-ZIP SAINT CLOUD, FL 34770  ITLE NAME SIREF ADDRESS CITY-ST-ZIP SAINT CLOUD, FL 34770  ITLE NAME SIREF ADDRESS CITY-ST-ZIP SAINT CLOUD, FL 34770  ITLE NAME SIREF ADDRESS CITY-ST-ZIP ST CLOUD	NAME MARTIN STREET ADDRESS PO BOX	701776	☐ Delete	NAM: STRE	E Et address		<b>70:</b> 10/13/	00605 0501027-	727 002	□ Change *↑ 7 **297.	_
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NAME . STREET ADDRESS CITY-ST-ZIP SAINT CLOUD, FL 34770 STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZI	NAME LECAPT STREET ADDRESS PO BOX	701776	<b>D</b> Velete	NAM STRE	E Et address -St-Zip	sec Sho P.G. 51	ron John Box 7017 Cloud.	ison 176		Change 1	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  ITILE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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:	NAME LECAPT STREET ADDRESS PO BOX	701776	<b>□</b> Velete	NAM STRE	E Et address	Robi P.O.	ert Mille Box 7017	τ6		Change to	Addition
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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:	NAME STREET ADDRESS		□ Dolete	NAM STRE	et address		60101	17	·	Change	☐ Addition
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SIGNATURE: Number of Signing Officer on Director Date Daytime Phone F	indicated on this ret	ort or supplemental report is trui	e and accurate and that n	nv signal	ture shall ha	ve the s	same legal effect a	as if made under o	ath: that I a	m an officer of	or director
	SIGNATURE:	SIGNATURE AND TYPED OR PRINT	ED NI SE OF SIGNING OFFICER	OR DIRECT	TOR			Date	Đi	syteme Phone #	