2/15 Control 3/2567	For blicable
THE TIMBUKTU RESEARCH CONSCRITUM OD MAY 23 AM II: 06 PRINCIPIE Place of Business John Maining Address Secretary of State TALL AHASSEE. FLORIDA Secretary of State TALL AHASSEE. FLORIDA Principal Place of Business John Anderson of Business John And	
Maiing Address 952 HOWERS VICEN BLUE 1, Principal Place of Business 2, Principal Place of Business 2, Principal Place of Business 3, Mailing Address 2, Principal Place of Business 3, Mailing Address 4, Principal Place of Business 3, Mailing Address 3, Mailing Address 4, Principal Place of Business 3, Mailing Address 4, Principal Place of Business 3, Mailing Address 3, Mailing Address 4, Principal Place of Business 4, Principal Place of Business 3, Mailing Address 4, Principal Place of Business 4, Principal Place of Business 5, Principal Place of Business 4, Principal Place of Business 5, Principal Place of Business 6, Name and Address of Row Registered Agent Place 7, Name and Address of Now Registered Agent Place 7, Name and Address of Now Registered Agent Place 7, Name and Address of Now Registered Agent Place 7, Name and Address of Now Registered Agent Place 7, Name and Address of Now Registered Agent Place 7, Name and Address of Now Registered Agent Place 7, Name and Address of Now Registered Agent Place 7, Name and Address of Now Registered Agent Place 7, Name and Address of Now Registered Agent Place 7, Name and Address of Now Registered Agent Place 7, Name and Address of Now Registered Place 7, Name and Address of Now Registered Agent Place 7, Name and Address of	
Maining Address 952 HOWERS VIEW BLUE LAUNCH HILL FT 32567 Principal Place of Business 25 HOWERS VIEW BLUE LAHASSEE. FLORIDA 15 Principal Place of Business 25 HOWERS VIEW BLUE Suite, Apt. #, etc. 16 Suite, Apt. #, etc. 17 J HOWER WELL BLUE Suite, Apt. #, etc. 18 Suite, Apt. #, etc. 19 J HOWER WELL BLUE Suite, Apt. #, etc. 19 J HOWER WELL BLUE Suite, Apt. #, etc. 19 J HOWER WELL BLUE Suite, Apt. #, etc. 10 NOT WRITE IN THIS SPACE 10 J J HOWER WELL BLUE Suite, Apt. #, etc. 10 NOTE Registered Agent 10 Note of Business 10 J HOWER WILL BLUE Suite, Apt. #, etc. 10 NOTE Registered Agent 11 J J HOWER WELL BLUE Suite, Apt. #, etc. 10 NOTE Registered Agent 11 J J HOWER WELL BLUE Suite, Apt. #, etc. 12 J J HOWER WELL BLUE Suite, Apt. #, etc. 13 J J J J J J J J J J J J J J J J J J J	
Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Ci	
Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Ci	
Suite, Apt. #, etc. Suite, Ap	
Aure Hilling requirement and elects to do so. [See criteria on back] [See Country 2005 20	
210 Country 372567 Confirm 372567 Confirm 4 5. Certificate of Status Desired B \$8.75 Addition Fee Required Confirm 4 5. Name and Address of New Registered Agent Country Count	Micable
6. Name and Address of Current Registered Agent MB Maria Mitter Sepander Suice Black City aure FL Zin Code City aure Flat Sin Code C	
The above named entity submits this statement for the physical of changing its registered office or registered agent, or both, in the State of Fiction of the physical of changing its registered office or registered agent, or both, in the State of Fiction of the physical of changing its registered office or registered agent, or both, in the State of Fiction of the physical of changing its registered dependent of both, in the State of Fiction of the physical of changing its registered dependent of both, in the State of Fiction of the physical of the phys	
Separacytes of Particular States of Particular Stat	
The above named entity submits this statement for the phrodse of changing its registered office or registered agent, or both, in the State of Florida. The above named entity submits this statement for the phrodse of changing its registered office or registered agent, or both, in the State of Florida. The above named entity submits this statement for the phrodse of changing its registered agent and registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible This corporation i	
The above named pentity submits this statement for the phocese of changing its registered office or registered agent, or both, in the State of Florida. GNATURE Signature, hyper or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) DEFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTUE ME REET ADDRESS VY-ST-ZIP DEFINITION TITLE ME REET ADDRESS TAY ASA DAUGH MAKE TAY ASA DAUGH ME REET ADDRESS TAY CAY CHASANA AVENUE STREET ADDRESS TREET ADD	
GNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Toefficers AND DIRECTORS Toefficers AND DIRECTORS Toefficers AND DIRECTORS Title ME Campbell, Flinor M. STREET ADDRESS Y-ST-ZIP E Vice-Inesided Toefficers AND Directors Title NAME STREET ADDRESS Toefficers AND DIRECTORS Title STREET ADDRESS Toefficers AND DIRECTORS Toefficers AND DIRECTORS Title NAME STREET ADDRESS Toefficers AND DIRECTORS Title NAME STREET ADDRESS Toefficers AND DIRECTORS Toefficers AND DIRECTORS Toefficers AND DIRECTORS Toefficers AND DIRECTORS Title NAME STREET ADDRESS Toefficers AND DIRECTORS Title NAME Toefficers AND DIRECTORS Title Toefficers AND DIRECTORS Toeff	/
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing Trust Fund Contribution. DESTRUCTION Added to Receive the state of	w)
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to The State of Change of	
THE CAMP BELL FLINOR M. THE CAMP BELL FLINOR M. THE VICE PRESIDENT D Delete THE VICE PRESIDENT D Delete THOUSE CHARGE THOUSE THE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP Change Change Thrash, David	
ME REET ADDRESS Y-ST-ZIP DEFUNIAK S DYMOS, H3Z433 CITY-ST-ZIP LE Vice President D Delete ME REET ADDRESS (12 Chickasaw Avenue STREET ADDRESS CITY-ST-ZIP Change Delete NAME STREET ADDRESS	
REET ADDRESS 441 S Norwood Raf 32433 CITY-ST-ZIP TLE Vice President D Delete TITLE ME REET ADDRESS 19 Chickosau Avenue STREET ADDRESS 300003231273-	Addition
ME Thrash, David NAME STREET ADDRESS 30003231273-	
	Addition
WOCKNUTTY 174 36 435	;2
E Treasurer 10 Delete TITLE	Addition
ME Milton, Maria - NAME STREET ADDRESS STREET ADDRESS	,
Y-ST-ZIP Kaunel Heile 1828 CITY-ST-ZIP E Relate TILE Change	
NAME NAME	Addition
STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP	Addition
LE Delete TITLE Change	Addition
REET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Addition Addition
LE Delete TITLE . S Change	,
ME NAME STREET ADDRESS STREET ADDRESS ,	,
TY-ST-ZIP CITY-ST-ZIP	Addition
3. 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 of 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 do the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block and the composition of the corporation or an attachment with an address, with all other like encovered.	Addition Addition
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deptire Phone #	Addition Addition ation