UN DOCUI 1. Entity Nam	IFORM MENT #	POOOOC	CORPOR SS REPOR 061816	RAT (ION JBR		FILED Jan 29, 2003 8:00 an Secretary of State 01-29-2003 90157 004 ***150.00	
Principal Plac 1040 LAKE SH # 101 LAKE PARK FI	ORE DRIVE		Mailing Address 1040 LAKE SHORE DRIVE # 101 LAKE PARK FL 33403					
2. Principal P	lace of Business		3. Mailing Address					
<u>3686</u> Suite, Apt.		AUE.	Suite, AVELLOWFIN BI					
City & State				SY AVE			4. FEI Number CE 4047000 Applied For	-
PALA BEACH GARDEN FL			City PALM BEACH GARDENS FL. 33410				65-101/283 Not Applicab	le
<u>Z</u>	NO PA	UN DEACH	Zip	Cour			5. Certificate of Status Desired Status Desir	
		Address of Current Re	egistered Agent		Name	2	7. Name and Address of New Registered Agent	
BARTELS, 1040 LAKE # 101	GUY E Shore Drive	E			Street A	Street Address (P.O. Box Number is Not Acceptable)		
8. The above	K FL 33403		ne purpose of changing its	register	City PALA ed office of		red agent, or both, in the State of Florida. I am familiar with, and accep	
SIGNATURE		Date expame of registered agent and	title if applicable. (NOT	E: Registere	d Agent signat	ure required v	d when reinstating) DATE	
After		E_IS_\$150.00 ee will be \$550.00 rida Department of S	itate			-*	9- Election Campaign Financing Trust Fund Contribution. Added to Fees	
10. TITLE	P	OFFICERS AND DI	RECTORS	11. Tifu		P	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	BARTLES, GUY	ORE DRIVE # 101		NAM STRE			, BARTELS B5 DAISYAUE. M BEACH GARDENS, FL. 33410	10
IITLE			Delete	ן זודנ				CR2E034
NAME Street address Dity-st-zip					e et address - st-zip			
ITLE IAME			Delete	TITLI		·	Change Additio	n
STREET ADDRESS				STR	ET ADDRESS - ST- ZIP			
ITLE			Delete	TITLE			Change 🗌 Additio	n
NAME Street address City-St-Zip			سین به رسمه ۲۰۰۰ استوره اخواک به رسمه ۲۰۰۱ ا		e Et address - " - St- Zip	-		
NTLE	· · · · · · · · · · · · · · · · · · ·		Delete	TITLE			Change 🗌 Additio	
NAME STREET ADDRESS					ET ADDRESS			
ITY-ST-ZIP			Delete	CITY	- ST- ZIP		Change Addilio	1
IAME ITREET ADDRESS ITTY - ST - ZIP				NAM STRE				
12. I hereby c indicated of the corp	on this report or s poration or the rec	upplemental report is tru eiver or trustee empowe	ue and accurate and that r	r the exe ny signat as requi	mption stat	ave the sa	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if	
SIGNAT							Date Daytime Phone #	