Construction       Street       Street<	Entity Name FFIN CC		ESS REPOR 00039501		Jan 13, 2003 83 Secretary of S 01-13-2003 90472 028 **	State
Procloal Place of Exercises       3. Mains Address         3PO E Courboy       State, Apt, Figure         Author Apt, F. etc.       State, Apt, Figure         City & State       A. FEI Number 31-1693610         Labbulle, F. I.       City & State         203       Courty         233       73.3         233       73.3         233       Courty         323       Courty         324       Courty         325       Courty         326       Courty         327       Courty         328       Courty         329       Courty         320       Courty	E COWBO		390 E COWBOY WAY	COD WE TH		
Principal Place all biology       *. Maining Acting A	_ =					
Suite, Apt. #, etc.       Suite, Apt. #, etc.       Suite, Apt. #, etc.       Cury & State       Cury & State       Image: Cury & State       State       Address of New Registered Agent       Image: Cury & State       I	Principal Pla			ub		UTII) UNIUI IIUI IUII
City ordinate       City ordinate       City ordinate       City ordinate       Sinch ord	<u>370</u> Suite, Apt. #		Suite, Apt. # gtc.	Ela		GES
Laboration Country       1000         32935       Country       1000         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         GIFFIN, MICHAEL C       330 E COWBOY WAY         LABELLE FL       City         City       FL         Zip       City         Street Address (P.O. Box Number is Not Acceptable)         City       FL         Zip       City         City       FL         Zip       City         City       City         City       FL         City       City         City       City         City       City         Siteet Address (P.O. Box Number is Not Acceptable)         City       City         City       City         Siteet Address (P.O. Box Number is Not Acceptable)         City       City         Siteet Address (P.O. Box Number is Not Acceptable)         City       City         City       City         Siteet Address (P.O. Box Number is Not Acceptable)         City       City         City	City & State		City & State	- 1a	4. FEI Number 31-1693610	Applied For
Street Address of New Registered Agent     Street Address of New Registered Agent     Name     GifFiN, MICHAEL     GifFiN			23.2425		5 Certificate of Status Desired \$8.75	
<ul> <li>In the data and Address of Control to getter in the getter of getter of period</li> <li>In the data address (PO. Box Number is Not Acceptable)</li> </ul> <ul> <li>GifFIN, MICHAEL C</li> <li>380 E COWBOY WAY</li> <li>LABELLE FL</li> <li>City</li> <li>City</li> <li>FL</li> <li>Zip Code</li> <li>City</li> <li>Street Address (PO. Box Number is Not Acceptable)</li> <li>The above named agent and tite 4 spreazes</li> <li>City</li> <li>FL</li> <li>City</li> <li>Site Contro Compatign Financing</li> <li>Site Contro Contribution</li> <li>City</li> <li>Site Address to Contro Contro Contribution</li> <li>City</li></ul>	3393	5 030		VSa	Fee Rec	quired
380 E COWBOY WAY     LABELLE FL       City     FL       Zip Code       The above named entity points this statement or the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and the obligations of remarking agent       GNATURE       Genature, Spead or printed more of registered agent and tild applicable.       FILE NOW!!! FEE IS \$150.00       After May 1, 2003 Fee will be \$550.00       Iake Check Payable to Florida Department of State       0.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE       Intel Hondoxies       GIFFIN, MICHAEL       Intel Address       GIFFIN, JOSHUA       Intel Address       Intel Address <td></td> <td>6. Name and Address of Curre</td> <td>ni Registeren Agent</td> <td>Name</td> <td></td> <td></td>		6. Name and Address of Curre	ni Registeren Agent	Name		
LABELLE FL       City       FL       Zip Code         The above named entity optimits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and the obligations of requere agent, or both, in the State of Florida. Lam familiar with, and the obligations of requere agent and the agent allow a spoketile.       Determinant agent and the agent allow a spoketile.       Determinant agent agent and the agent allow a spoketile.       Determinant agent agent and the agent agent and the agent allow a spoketile.       Determinant agent ag	-			Street Addres	s (P.O. Box Number is Not Acceptable)	
City     FL     Zip Code       The above named entity orbinits 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 the obligations of regenerating agent, or both, in the State of Florida. I am familiar with, and the obligations of regenerating agent or printed name of registered agent and the it applicable.     Date       Start URE     Signature, loosed or printed name of registered agent and the it applicable.     Mote Registered Agent signature required when reinstain(p)     Date       Start May 1, 2003 Fee will be \$550.00     ake Check Payable to Florida Department of State     Int.     Added to Added to Check Payable to Florida Department of State       OP     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change Inter ADDRESS Grive and the State of Definition State     Crives 17.2 P       Verify Carl Payable to Florida Department of State     Int.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change Inter ADDRESS Grive and the State of Definition State Inter ADDRESS Grive and the State of Definition State Inter ADDRESS Grive and the State Inter ADDRESS Grive and State Inter ADRESS Grive andress Grive and State Inter ADRESS Grive andress Grive and State I				· -	<u></u>	
The above named entity apprints this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of requery fagety of printed name of registered agent and life if applicable.  Signature: typed of printed name of registered agent and life if applicable.  FILE NOW !!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.0	ADELLE (	L'en enterne i la factoria de la compañía.		City	Zip	Code
the obligations of reparted agent with a ball applicable.  Signuture, typed or printed name of registered agent and take is applicable.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2004 Fe			the the surpose of choosing it	-	• =	with and accept
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