DOCUMENT # P01000071299					The substance and without			
BUSINESS & PROFESSIONAL SERVICES, INC.					FILED			
Principal Place of Business Mailing Address					02- JAN 16 AM 9: 33			
5203 SW 71 PLACE 5203 SW 71 PLACE MIAMI FL 33155 MIAMI FL 33155				SECRETARY OF STATE TARTSON OF STATE			<b>48110 (84) (88)</b>	
Principal Place of Business     3. Mailing Address								
Suite Apt.	uth Bayshore Drive # etc. 102	2601 South Bayshore Drive Suite, Apt. #, etc. Suite_1102			DO NOT WRITE IN THIS SPACE			
City & State	)	City & State Miami, Florida 33133			4. FEI Number Applied For 65–1122948 Not Applicable			
Zip 33133	Country USA	Zip 33133	Country <b>USA</b>		5. Certificate of St	tatus Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current F				_	iress of New Regist	ered Agent	
CADITAL COMMECTION INC					uerra			
CAPITAL CONNECTION, INC.				Street Address (P.O. Box Number is Not Acceptable)				
417 E. VIRGINIA ST., STE. 1 TALLAHASSEE FL 32301				2/0 Adorno & Zeder, P.A. 2601 South Bayshore Drive, Suite 1600				
TALLANASSEE FL 32301					baysiore !	Drive, Suri		
			City	_Miami_			FL Zip Code 33133	3
8. The above	named entity submits this statement for	the purpose of changing its r	egistered offic	ce or registere	ed agent, or both, in	the State of Florida.		
	-10 0 N/4	illa Dh	ilip Gu	iorra		1/14	F / 02	
SIGNATURE _	Signature, typed or printed name of registered agent at			signature required	when reinstating)	)/	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS After May 1, 2002 Fee will Make Check Payable to Depa		e \$550.00	1.00 Trust Fund Contribution.		<b>0</b> May Be to Fees	
11.	OFFICERS AND [		12.	*		NGES TO OFFICER	S AND DIRECTORS	3 IN 11
TITLE	D	☐ Delete	TITLE	D,VP	T	 )00479	XIX Change	☐ Addition
NAME .	GUERRA, PHILIP		NAME STREET ARRES	1	,- <u>=</u>		2010200	
STREET ADDRESS CITY-ST-ZIP	5203 SW 71 PLACE MIAMI FL 33155		STREET ADDR	<b>I</b>			00 ****15	
TITLE >=		☐ Delete	TITLE	D,P			☐ Change	Addition
NAME			NAME	Ador	no, Henry 1	N.		
STREET ADDRESS	<b>■</b>			PESS 2601 South Bayshore Drive, Suite 1600 Miami, Florida 33133				
CITY-ST-ZIP		П в.н.	CITY-ST-ZIP	D,VP		33133	☐ Change	XX Addition
TITLE NAME		☐ Delete	NAME		, George T	•		AA
STREET ADDRESS			STREET ADDR	RESS   2601	South Bays	shore Drive	, Suite 16	00
CITY-ST-ZIP			CITY-ST-ZIP	<u>Miam</u>	i, Florida	33133		
TITLE		☐ Delete	, TITLE NAME				☐ Change	☐ Addition
NAME STREET AODRESS			STREET ADDR	RESS				
CITY-ST-ZIP			CITY-ST-ZIP		MO			
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	1				{
TITLE		☐ Delete	TITLE		AV		Change	☐ Addition
NAME			NAME					ļ
STREET ADDRESS			STREET ADOF	1				
STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with on this report or suppliemental report is		STREET ADOR		ction 119.07(3)(i), FI	orida Statutes. I furti	ner certify that the in	nformation

Philip Guerra, Vice President
SIGNING OFFICER OR DIRECTOR

Date