Suite. Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEL Burnbar Apprint Fr. Zip Country Zip Country State 4. FEL Burnbar MA Applie 8. Name and Address of Current Registered Agent State 4. FEL Burnbar State 58.75 Additional 8. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Fee Required Fee Required Fee Required MILLER_JOSEPH G Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FEL Zip Code 5500 ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) FEL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonda. SIGNATURE Street Address (P.O. Box Number is Not Acceptable) DAte 9. This above named entity submits this statement for the purpose of changing its registered Agent spinore resolver doer remaining its registered agent, or both, in the State of Fonda. Steet Address (P.O. Box Number is Not Acceptable) SIGNATURE Total approximant and estate is do as an item application of the implement and estate is do as an item applicable is address is do address of address is d	1. Entity N	UMENT # PO100	0078485 ECHOBEE, INC.		May 29, 2002 8:00 Secretary of State 04-21-2002 90896 022 ***150.00
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Chy & State City & State 4. File Munitiger Applied Fr. Zip Country Zip Country S. Certificate of Status Desired \$\$8.75 Additional B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name \$\$8.75 Additional MILLER, JOSEPH G Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Street Address (P.O. Box Number is Not Acceptable) OATE A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Street Address (P.O. Box Number is Not Acceptable) OATE A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Stoode to print memore agent and the it explorable. (Note Flere IS \$150.00 A The above named entity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Florida. Stoode to print memore agent and the it explorable. (Note Flere IS \$150.00 A This corporation is allpible to satisfy its intangible FLE NOWIII FEE IS \$150.00 After May 7, 2002 Fee will be \$5	Suite, A	pt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
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B. Name and Address of Current Registered Agent Agent Address of Current Registered Agent Agent Address of Now Registered Agent Agent Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Attende enlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code City	Zip	Country	Zip	Country	to 75
MilleR, JOSEPH G Name S500 ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE FL 34947 City FL Zip Code A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Identify agent and the lingplace agent agent agent and the lingplace agent and the lingplace agent		6. Name and Address of Current R	eglatered Agent		Fee Required
FORT PIÈNCE FL 34947 City FL Zip Code City City FL City FL Zip Code City FL Zip City City FL Zip Code City City FL Zip Code City FL Zip Code City City FL Zip Code City City FL Zip Code City City City FL Zip City City FL Zip City Signature Signature Signature Contribution City Signature Contribution City Signature Contribution City Signature City Signature City Signature City Signature	MILLER,	JOSEPH G		a ser and a series	
City FL Zip Code 1 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent errored agent, or both, in the State of Florida. IGNATURE Signature, typed or printed nome of registered agent and stell it applicable. (NOTE: Registered Agent Workstore) DATE This corporation is elliptible to satisfy its Intangible Tax filing requirement and elects to do so. S5.00 After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May B IC OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Added to Fees IV OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IV Intle Intle Intle MEE State Intle Intle Note: Intle Intle Intle Note: Intle Intle Intle Note: Intle Intle Intle Note: Intle Intle Intle Name: Intle Intle Intle Note: Intle Intle Intle Note: Intle Intle Intle IV: State Intle Intle Intle <td< td=""><td></td><td></td><td></td><td>Street Addres</td><td>ess (P.O. Box Number is Not Acceptable)</td></td<>				Street Addres	ess (P.O. Box Number is Not Acceptable)
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Signature. typed or printed norme of registered egent and tide if applicable. (NOTE: Registered Again signature required when reinstating) DATE A. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$50.00 May B After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing \$50.00 May B Added to Fees 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Inte D Intle NWE Intle Added to Fees Net Stop ORANGE AVENUE Intle NWE Intle Additions/CHANGES TO OFFICERS AND DIRECTORS 14. V-S1-2IP FORT PIERCE FL 34947 Intle Intle NAME Intle Intle Met Intel Joness STREET ADDRESS STREET ADDRESS Intle Intle Intle Intle MET JONESS Intel Joness STREET ADDRESS STREET ADDRESS Intle Intle Intle Intle Met Intel Joness STREET ADDRESS STREET ADDRESS Intle Intle Intle Met Intel Jon	. The abov	ve named entity submits this statement for t		-	
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E Change Addition FT ADDRESS -ST-ZIP Change Addition 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 emplaceurate 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 of execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, win all other like empowered.	ME EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E E EET ADDRESS		Delate	NAME STREET ADDRESS	