SIGNATURE:

	^			٦
TÓOCÚMENT # P01000104069 1. Entity Name				FILED
BUYER'S CHOICE OF ORLANDO, INC.				DIVISION OF CORPORATIONS
Principal Place of Business Mailing Address				02 AUG 2 I AM 8: 53
127 W FAIRBANKS AVE #439 WINTER PARK FL 33278		127 W FAIRBANKS AVE #439 WINTER PARK FL 33278		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current R	tegistered Agent		7. Name and Address of New Registered Agent
DOUGHERTY, JAONATHAN 127 W FAIRBANKS AVE #439 WINTER PARK FL 33278			127	12ABETH DOUGHERTY (P.O. Box Nymber is Not Acceptable) AJE #439 UTEN PARK FL 23°20759
: SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	egistered office or regist Work Agent signature requirements FEE IS \$150.00	
Tax filing requirement and elects to do so After May 1, 2			Fee will be \$550.00 to Department of St	tate Added to Fees
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D DOUGHERTY, JONATHAN 127 W FAIRBANKS AVE #439 WINTER PARK FL 33278	, Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RESIDENT DOUGHERRY ACHANGE Addition ELIZABETH DOUGHERRY 127 W FAIRBANKS AVE. #439 WINTEN PARK, FE 32789
TITLE	WHITEIT FARRE I E 30270	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	6000076731367 -09/12/0201001005 ****558.75 ****558.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addition Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the co	on this report or supplemental report is t	true and accurate and that my wered to execute this report as	signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if