

May 05, 2006 8:00 am Secretary of State **DOCUMENT # P01000121195** 1. Entity Name 05-05-2006 90155 046 ***150.00 LEGEND ONE ENTERPRISES, INC. Principal Place of Business Mailing Address 32700 SCENIC HILLS DR. 32700 SCENIC HILLS DR. MOUNT DORA FL 32757 MOUNT DORA FL 32757 2. Principal Place of Business 3. Mailing Address 1781 MOUNTClain LOURT SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 26-0036722 MOUNT Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M (Ginnis MCGINNIS, DEBBIE R Street Address (P.O. Box Number is Not Acceptable) 32700 SCÉNIC HILLS DR. **MOUNT DORA FL 32757** Zip Code 32757 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 Florida. I am familiar with, and accept the obligations of registered agent 4-26-06 DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5:00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition NAME MCGINNIS, DEBBIE R NAME STREET ADDRESS STREET ADDRESS 32700 SCENIC HILLS DR. CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA FL 32757 Delete TITLE Addition TITLE LARTY McGinnis MCGINNIS, LARRY NAME NAME STREET ADDRESS 32700 SCENIC HILLS DRIVE STREET ADDRESS MOUNT DORG , F1 32757 CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA FL 32757 Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-782 CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Detete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

indicated on this report or supplemental report is true and accurate 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE

Lanny & M(Ginnis 4-26-05 35-2 267

FILED