## FILED Apr 28, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION

|  | II OKM DOOM  | <del></del>  | 7.2.21  | <del>7</del>  | 1                                 | 04-28-2003                            | 91525 036 ***   | 150.00  |  |
|--|--|--|---|---|-----------------------------------|---------------------------------------|---|---|--|
| DOCUME<br>1. Entity Name   | ENT # P02000042  | <b>103</b>   |   |   | N                                 |                                       |   |   |  |
|  | NTHER, INC.  |  |   |   |                                   |                                       |   |   |  |
|  |  | •  | 0   |   | 100                               | OUTUU                                 |   |   |  |
| Principal Place of   | Business   | Mailing Address  |   |   | 1.                                |                                       |   |   |  |
|  |  | 3320 BAYPORT DR<br>HOLIDAY, FL, 34691  |   |   |                                   |                                       |   |   |  |
| 11001001, 12 340   | 031  | MOLIEMI, IL 14051  |   |   |                                   |                                       |   |   |  |
| 9. Principal Place   | of Quainage  | 3. Mailing Address   |   |   |                                   | IL IIII ELII ELII E                   |   | <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b> |  |
| 2. Principal Place of Business 19633 Ellendale Drive 3. Mailing Address 19633 Ellendale D  |  |  | Drive   |   |                                   | HE HILL HER HELD HELD THE             |   | i <b>egiae</b> hii i <b>ee</b> i              |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |  |   |   | X                                 | CHECK HERE IF                         | MAKING CHANGES  |   |  |
| City & State   | City & State Land O Lakes, F   |  |   | 4. FEI Number 04-3639318  |                                   | {1X                                   | pplied For  |   |  |
| Zip  | Zip Country Zi   |  | Zip Country   |   |                                   |                                       | <u> </u>  | ot Applicable                                 |  |
| 34639  | USA  | 34639  | USA   |   |                                   | Status Desired                        | Fee Require   |   |  |
| Name and Address of Current Registered Agent   |  |  |   | 7. Name and Address of New Registered Agent Name                            |                                   |                                       |   |   |  |
| SCHNEIDER, JEFFREY A<br>1402 ROYAL PALM BCH BLVD   |  |  | <u> </u>  | Bryan Guenther Street Andress (P.O. Box Number is Not Acceptable)           |                                   |                                       |   |   |  |
| BLDG 700 STE 110<br>ROYAL PALM BCH, FL 33411   |  |  | L.  | Street Address (P.O. Box Number is Not Acceptable)<br>19633 Ellendale Drive |                                   |                                       |   |   |  |
| NOTAL PAGM L   | DOI, 12 00411  |  |   |   |                                   |                                       |   |   |  |
| <u> </u>   | · <u>- · · · · · · · · · · · · · · · · · ·</u>   |  |   |   | ) Lakes                           | · · · · · · · · · · · · · · · · · · · | FL Zip Cog  |   |  |
|  | med entity submits this statement to of registered agent.  | for the purpose of changing its  | registered (  | office or register  | red agent, or both,               | in the State of Florid                | da. I am familiar with  | , and accept                                  |  |
|  | Burn I Sweet   | tt.  |   |   |                                   |                                       | 04-25-0   | 3   |  |
| SIGNATURE  | ariure, typed or printed name of registered ager   | nt and title if applicable. (NOT)  | E: Registered Ag  | gentsignature required  | J when reinstring)                |                                       | DATE  |   |  |
|  | NOVVIII FEE IS \$150.00  |  |   |   | 9. Elect                          | lon Campaign Finar                    | ocina \$5.0   | 00 May Be                                     |  |
|  | ay 1, 2003 Fee will be \$550.00<br>Iyable to Florida Department  |  |   |   |                                   | Fund Contribution.                    |   | d to Fees                                     |  |
| 10.  | OFFICERS ANI   | D DIRECTORS  | 11.   |   | ADDITIONS/CI                      | HANGES TO OFFIC                       | ERS AND DIRECTOR  | S IN 11                                       |  |
| TITLE  |  | ☐ Delete   | TITLE   | 1   | sident                            | •                                     | Change  | <b>X</b> Addition                             |  |
| NAME<br>STREET ADDRESS   |  |  | NAME<br>STREETA   | ,   | an Guenther<br>333 Ellendale Driv | / <del>0</del>                        |   | <b>★</b> Addition                             |  |
| CITY-ST-2P   |  |  | ÇITY-ST-  | -21P Lan  | nd O Lakes, FL                    | 34639                                 |   |   |  |
| TITLE<br>NAME  | •  | ☐ Delete   | TITLE   |   |                                   |                                       | Change  | Addition                                      |  |
| STREET ADDRESS   |  |  | STREE1 A  | DORESS  |                                   |                                       |   |   |  |
| CITY-ST-ZIP  | ·  |  | CAY-ST-   | -ZIP  |                                   |                                       |   |   |  |
| TITLE<br>NAME  | sacrange of the second   | · Lil Delete   | NAME  |   | <b></b> ,                         |                                       | - Change  | ∐ Addition   1                                |  |
| STREET ADDRESS   | :  |  | STREET A  |   |                                   |                                       |   |   |  |
| CITY-ST-2P   |  | Delete   | CITY-ST-  | -21P  |                                   | <del></del> .                         | . □ Change  | ☐ Addition                                    |  |
| NAME   | •  | □ Delete   | 18  |   |                                   |                                       | ☐ ¢iende  | ☐ Attainoii                                   |  |
|  |  |  | NAME  |   |                                   |                                       |   |   |  |
| STREET ADDRESS   |  |  | STREET A  |   |                                   |                                       |   |   |  |
|  |  | □ Delete   | N   |   | <u>-</u>                          |                                       | ☐ Change  | Addition                                      |  |
| STREET ADDRESS GITY-ST-ZIP TITLE NAME  |  | ☐ Delete   | STREET A<br>CITY-ST-<br>TITLE<br>NAME   | ZIP   | <u>.</u>                          | •                                     | ☐ Change  | Addition                                      |  |
| STREET ADDRESS<br>GITY-ST-ZIP<br>TITLE   | <u> </u>   | ☐ Delete   | STREET A<br>CITY-ST-<br>TITLE   | DORESS  | · · ·                             |                                       | ☐ Change  | Addition                                      |  |
| STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS   |  | ☐ Delete   | STREET A<br>CITY-ST-<br>TITLE<br>NAME<br>STREET A   | DORESS  |                                   |                                       | ☐ Change  | Addition Addition                             |  |
| STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME  |  |  | STREET A CITY-ST- TITLE NAME STREET AI CITY-ST- TITLE NAME  | DDRESS -2IP ;   |                                   |                                       |   |   |  |
| STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE   |  |  | STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE  | DDRESS -ZIP ;   |                                   |                                       |   |   |  |
| STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P 12. I hereby certify indicated on it of the corporal | fy that the information supplied wit<br>this report or supplemental report<br>ation or the receiver or trustee emp | th this filing does not qualify for is true and accurate and that movement to execute this report. | STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- THE exempt ny signature as required | DDRESS DDRESS -ZIP 1  bDRESS -ZIP tion stated in Sersishall have the s      | same legal effect a               | is if made under oat                  | ☐ Change  Unther certify that the intercent of the control of the certify that the intercent of the certificent of the certification of | Addition                                      |  |
| STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P 12. I hereby certify indicated on it of the corporal | this report or supplemental report   | th this filing does not qualify for is true and accurate and that movement to execute this report. | STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- THE exempt ny signature as required | DDRESS DDRESS -ZIP 1  bDRESS -ZIP tion stated in Sersishall have the s      | same legal effect a               | is if made under oat                  | ☐ Change  Unther certify that the intercent of the control of the certify that the intercent of the certificent of the certification of | Addition                                      |  |