FILED May 29, 2003 8:00 am Secretary of State 05-29-2003 90138 013 ***150.00

2003 FOR PROFIT COUNIFORM BUSINESS		
DOCUMENT # P02000065005	RLI ORI	
1. Entity Name		150

80122738

NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P	1. Entity Name RDG-FSI, IN	IEN I # P0200006; IC.	,,,,,					
Suite, Apt. #, 460. City & State City & FL Zip Code A. The above native and Address of Current Registered Agent City & FL Zip Code A. The above native in this statement for the purpose of changing its registered signer. City & FL Zip Code A. The above native in this statement for the purpose of changing its registered signer. City & FL Zip Code A. The above native in this statement for the purpose of changing its registered signer. City & FL Zip Code A. The above native in this statement for the purpose of changing its registered signer. City & FL Zip Code A. The above native in this statement for the purpose of changing its registered signer. City & FL Zip Code A. The above native in this statement for the purpose of changing its registered signer. City & FL Zip Code A. The above native in this statement for the purpose of changing its registered signer. City & FL Zip Code A. The above native in this statement for the purpose of changing its registered signer. City & FL Zip Code A. The above native in this statement for the purpose of changing its registered signer. City & FL Zip Code A. The above native in this statement for the purpose of changing its registered signer. City & FL Zip Code A. The above native in this statement for t	125 KELLYS TRA	NIL	125 KELLYS TRAIL					
City & State Ci	2. Principal Plac	e of Business	3. Mailing Address					
Country Zip Country S. Certificate of Status Desired St. 75 Applications St.	Suite, Apt. #,	etc.	Suite, Apl. #, etc.		CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entry submits thus dislement for the purpose of changing its registered office of registered agent. Or both, in the State of Fiords. 1 am familiar with, and accept the collegations of registered agent. 8. The above named entry submits thus dislement for the purpose of changing its registered office of registered agent. Or both, in the State of Fiords. 1 am familiar with, and accept the collegations of registered agent. 8. The above named entry submits thus dislement for the purpose of changing its registered office of registered agent. Or both, in the State of Fiords. 1 am familiar with, and accept the collegation of registered agent. 8. The above named entry submits thus dislement for the purpose of changing its registered agent. Or both, in the State of Fiords. 1 am familiar with, and accept the collegation of registered agent. 8. The above named entry submits thus dislement for the purpose of changing its registered agent. 9. Election Campaign Financing 7. The above named entry submits thus dislement for the purpose of changing its registered agent. 9. Election Campaign Financing 7. The above named entry submits thus dislement for the purpose of changing its registered agent. 9. Election Campaign Financing 9. Election Cam	City & State		City & State		4. FONUMBER 045895	3	· · · · · · · · · · · · · · · · · · ·	
STEER ACIDIES ROBERT D 126 KELLYS TRAIL City FL Zip Code a. The above named antity submits this statement for the purpose of changing its registered office or registered signet, or both, in the State of Fords. I am familiar with, and accept the occupations of registered signet. Or both, in the State of Fords. I am familiar with, and accept the occupations of registered signet. SIGNATURE PERCENTION OF FICERS AND DIRECTORS 11. ADDITIONS/Changes TO OFFICERS AND DIRECTORS IN 11 IN ELEMANCE SIGNATURE SIGNAT	Zip	Country	Zip	Country -		☐ Fee Requir		
STREET Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 1. The above named entity submits this attalement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. NOTE Required Administrative assistance of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. NOTE Required Administrative assistance of the purpose of changing its registered agent. NOTE Required Administrative assistance of the purpose of changing its registered agent. NOTE Required Administrative assistance of the purpose of changing its registered agent. NOTE Required Administrative assistance of the purpose of changing its registered agent. NOTE Required Administrative assistance of the purpose of changing its registered agent. NOTE Required Administrative assistance of the purpose of changing its registered agent. NOTE Required Administrative assistance of the purpose of changing its registered agent. NOTE Required Administrative assistance of the purpose of change agent agent. NOTE Required Administrative assistance of the purpose of changing its registered agent. NOTE Required Administrative assistance of the purpose of changing assistance agent agent. NOTE Required Administrative assistance and the purpose of change agent as a purpose of change agent agent. NOTE Required Administrative assistance and the purpose of change and the purpose and change agent as a purpose and accurate and their my significance and purpose and purpose and purpose and change and purpose and accurate and their my significance and purpose and purpose and purpose and purpose and purpose	- · · · · -	6. Name and Address of Curre	nt Registered Agent	Nama	7. Name and Address of New Reg	istered Agent		
b. The above names 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. ICONATURE Submit primal supressor department of applicable. DOTE Repaired Agents Supressor date of resistance agent of the primal supressor date of florida. DATE	25 KELLYS T	TRAIL			(P.O. Box Number is Not Acceptable)		···	
SIGNATURE File NOWN FEB IS 150.00 Process Proces				City		FL Zip Co	de	
FILE NOWILL FIELDS \$150.00 After May 1; 2003 Fee; will be \$550.00 After Check: Payable to Florida Department of State 0. OFFICERS AND DIRECTORS IN 11 II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 RE PAUME R. ROBERT D MAKE INV. ST. 2P OLD SMAR, FL 34677 III. MAKE STREET ADDRESS CITY-ST. 2P III. MAKE MAKE MAKE STREET ADDRESS CITY-ST. 2P III. MAKE MAKE STREET ADDRESS CITY-ST. 2P III. MAKE MAKE MAKE STREET MA	3. The above nau	med entity submits this statement s of registered agent.	for the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florid	a. I am famillar with	, and accept	
FILE NOW!! FSE'S \$160.00 After May 1 2003 Ree will bis \$550.00 After May 1 2003 Ree will bis \$550.00 After May 1 2003 Ree will bis \$550.00 Added to Fees O. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE PROBLEM OF TRAIL OLD SMAR, ROBERT D THE MAKE THE HADDRESS CITY-ST-2IP THE MAKE THE HADDRESS CI	SIGNATURE	Nature (visci or primed partie of Addistribit as	nt and title if applicable. (NOTE	Revenued Agent Sampling receive	ed when reinstating!	DATE		
O. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE PRUBER, ROBERT D 125 KELLYS TRAIL	FILI After M	E NOWIII FEE IS \$150.00 ay 1, 2003 Fee will be \$550.0	0		9. Election Campaign Finance	ing \$5.	00 May Be	
THE GRUBER, ROBERT D	O.	OFFICERS AN	D DIRECTORS	N 11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	35 IN 11	
REFI ADDRESS IN. ST. ZP OLD SMAR, FL. 34677 RE REFI ADDRESS IN. ST. ZP Delete INLE REFI ADDRESS IN. ST. ZP Delete REFI ADDRESS IN. ST. ZP Delete REFI ADDRESS IN. ST. ZP Change Addition Delete REFI ADDRESS IN. ST. ZP Delete REFI ADDRESS IN. ST. ZP REFI ADDRESS IN. ST. ZP Delete REFI ADDRESS IN. ST. ZP Delete REFI ADDRESS IN. ST. ZP STREET ADDRESS IN. ST. ZP Delete REFI ADDRESS IN. ST. ZP STREET ADDRESS IN. ST. ZP Delete REFI ADDRESS IN. ST. ZP STREET ADDRESS IN.	ILE P			TITLE			Addition	
INEET ADDRESS INY-ST-2P Delete						•		
THE LAMP STREET ADDRESS TY-ST-2P THE MAJE STREET ADDRESS TY-ST-2P	AME THEET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change	Addition	
ITY-ST-2P CELLY-ST-2IP ITHE MARE MEET AUDRESS UN-ST-2P CELLY-ST-2IP CHANGE STREET AUDRESS CHY-ST-2IP THE MARE MARE STREET AUDRESS CHY-ST-2IP THE Change Addition Addition THE Change Addition THE THE THE THE THE THE THE TH	TLE .		☐ Delete	TITLE		Change	Addition	
AME INCEL ADDRESS ITY-ST-2P ITHE Delete ITHE NAME STREET ADDRESS CITY-ST-2IP THE NAME STREET ADDRESS CITY-ST-2IP THE CHange Addition AME STREET ADDRESS CITY-ST-2IP THE STREET ADDRESS CITY-ST-2IP 2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI), Florida Statutes. I further certify that the information inclosated on this report or subplimental 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 receipt for inside ender oath, that I am an officer or director of the corporation or the receipt for inside ender oath shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receipt for inside ender oath shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receipt for inside ender oath, that I am an officer or director of the corporation or the receipt for inside ender oath, that I am an officer or director of the corporation or the receipt for inside ender oath, that I am an officer or director of the corporation or the receipt for inside ender oath, that I am an officer or director of the corporation or the receipt for inside ender oath, that I am an officer or director of the corporation or the receipt for inside ender oath, that I am an officer or director of the corporation or the receipt for inside ender oath and the r	į.							
AME TREET ADDRESS STREET ADDRESS	TREET ADDRESS	• •	☐ Delete	NAME: STREET AUTHRESS		☐ Change	Addition	
THE Delete 100 Delete	AME TREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change	Addition	
2. I hereby certify that the information supplied with this filing 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 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 tribate empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an accuracy with all softeness, with all other like empowered.	TLE AME IREET ADDRESS		□ Delete	NAME STREET ADDRESS		☐ Change	Addition	
SIGNATURE: X 1 1 9W 5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 I bereby certi	by that the information supplied within report or suppliemental report attorn or the receiper or tryising emon an attachment with an aduress	th thi filing does not qualify for is true and accurate and that in powered to execute this report is that all other like empowered.	the everantion stated in S	ection 119.07(3)(i), Fiorida Statutes. I fur same legal effect as if made under oath 77, Florida Statutes; and that my name as	n; that I am an office opears in Block 10 (information r or director or Block 11 if	