2003 FOR PROFIT CORPORATION

Principal Place of Eucliness 2200 Mr 139 PLACE 2500 Mr 139 PLACE 3500 Mr 139 PLACE 3	DOCUMENT # P02000134305 1. Entity Name E&C HOSPITALITY, INC.							61L 03 0CT 27	AH II: 23			7
Suite, Act #, etc. Suite,	25330 NW 139		14			6 10041061 161 MB111	. 14841 Augus 28 111 28 121					
City & State City & State City & State Country Country Country Country Country Country S. Certificate of Status Desired State Address of Lower Registered Agent Name Shiff N. EAR R 25330 NW 139 PLACE SALT SPRINGS Ft. 20134 City City FL Zip Code State Address of Name and Address of New Registered Agent Street Address (PO. Box Number is Not Acceptable) City FL Zip Code Street Address (PO. Box Number is Not Acceptable) Signature City FL Zip Code Signature City FL Zip Code Signature City FL Zip Code Signature FLAR (P) Zip Code Signature Signature FLAR (P) Zip Code Signature Signature FLAR (P) Zip Code Signature Signature FLAR (P) Zip Code Signature FLAR (P) Zip Code Signature Signature FLAR (P) Zip Code Signature FLAR (P) Zip Code Signature Signa	2. Principal P	lace of Bus	iness). Mailing Address			1_					
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SNIFFIN, EARL R 25330 NW 139 PLACE SALT SPRINGS FL 32134 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or bo	Zip				Cour	ntry				Fee Require		
SNIFFIN, EARL R 25330 NW 139 PLACE 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 registering degrees agent and accept the obligations of registering degrees. SIGNATURE SIGNATURE FILE NOW!! FEE IS\\$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10.		6. Nam	e and Address of Current R	egistered Agent		Name	7.	Name and Addres	s of New Register	ed Agent		-
SALT SPRINGS FL 32134 City FL ZiD Code							(P.O. E	Box Number is Not .	Acceptable)			4
8. The above named entity submits this stategment 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 registerined agent with the obligations of registerined agent with the obligations of registerined agent and their agentation. FILE NOW!!! FEE IS 4550.00		ſ		•		ļ 						1
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Make Check Payable to Florida Department of State 10.	the obligati	Signature, type	d or printed name at the printed agent an	EARL R	_S,	IFF IL		einstating)	/0-Z	2-3		
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THE THOUGHT WAS BEEN RECTIFIED ON DEPORTED WITH COST FROM COST FOR THE PROPERTY OF THE PROPERT	NAME STREET ADORESS CITY-ST-ZIP	ertify that th	e information supplied with the		NAM STRE CITY	E Et adoress -st-zip	ection :	110 07/3Vi\ Ela-i-d-	Statutas further			

SIGNATURE: _

of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

| Comparison of the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the composition of the receiver or trustee ampowered.

352 86/6/6/ Daytime Phone #