2007 FOR PROFIT CORPORATION

FILED May 18, 2007 8:00 am Secretary of State

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			320 CHARL	<u>ES AVE</u>					
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			04072007	Chg-P	CR2E034 (12	/06)
									
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			32.763	VOLUSIA	j j	j 3. Cermicate t	ii Status Desireu	☐ Fee Re	
	6. Name	and Address of Curren	Registered Agent			7. Name and	Address of New R	legistered Agent	
				Name					
COOK, MI	ELANIE J								
30718 CA		ANE		Street A	ddress (f	P.O. Box Number	is Not Acceptable	e)	
EUSTIS, F			·	33,	<u> </u>	HARLES	AVE		
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8. The above	named entit	v submits this statement f	or the purpose of changing its re	egistered office o	V teorietec	ed appart or both	in the State of Ele	vida Lam (amiliar	with and some
the obligation	tions of regis	tered agent.	or the purpose of changing its it	egistered onice o	register	ed agent, or boil	, in the State Of Fig	Alua. Lam lammai	with and acce
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· ·	Signaturo, Typho	or printed name of registered apen	and title if applicable. (NOTE:	Registered Agent signal	ure required	when reinstating)		DA1F.	
. FII	FNOW	FEE IS \$150.00	Election Campaig	n Financing	\$5.	00 May Be			
		7 Fee will be \$550.	ອນ Trust Fund Contrit	bution. 🗀 🔲		ed to Fees			in the second
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10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND DIREC	TORS IN 11
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NAME	COOK, M	ELANIE J		NAME					
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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby	certify that th	e information supplied wit	h this filing does not qualify for	STREET ADDRESS CHY-ST-ZIP	ontained	in Chapter 119,	Florida Statutes. 1	further certify that	the information
STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	l on this repo rporation or t	rt or supplemental report i he receiver or trustee emp	s true and accurate and that my owered to execute this report as	STREET ADDRESS CITY-ST-ZIP the exemptions of signature shall be	ave the s	toelle lenei emes	as it made under d	nath-that I am an o	lticer or directo
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STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	I on this reporation or to poration or to or on an att	rt or supplemental report he receiver or trustee emp achment with an address,	s true and accurate and that my owered to execute this report as	STREET ADDRESS CITY-ST-ZIP the exemptions of signature shall be	ave the s	same legal effect , Florida Statutes	as if made under o ; and that my name	nath-that I am an o	fficer or directo 10 or Block 31