2001	<b>UNIFORM BUSI</b>	R)	FILE	D						
DOCUMENT # P9200008226  1. Entity Name MICHAEL J. MCHALE, P.A.						Mar 05, 2001 08:00 AM Secretary of State				
Principal Place	e of Business on beach blvd	Mailing Address 1508 NE JENSON BEACH BLVD								
JENSEN BEAC 34957	H FL US	JENSEN BEACH 34957	us	FL						
	lace of Business IN BEACH BLVD	3. Mailing Address 1508 NE JENSEN BEACH BLVD								
Suite, Apt.		Suite, Apt. #, etc.	"-			DO NOT WRI	E IN THIS SF	PACE	–	
City & State	H FL	City & State JENSEN BEACH		FL		4. FEI Number 65-0371661		<del></del>	plied For Applicable	
Zip 34957	Country	Zip 34957	Coun us	ntry		5. Certificate of Status Desired		8.75 Addi ee Required		
	6. Name and Address of Current F	Registered Agent			7	. Name and Address of New R	egistered Ag	jent		]
MCHALE MICHAEL J 1508 NE JENSONBEACH BLVD					ddress (P.O	IICHAEL J J. Box Number is Not Acceptable EACH BLVD	)			-
JENSEN BE 34957	ACH FI	L		City JENSEN	BEACH		FL.	Zip Code	<del></del>	-
8. The above	named entity submits_this statement for	the purpose of changing its r	egister			agent, or both, in the State of Fig	rida.	3493/		
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registere	d Agent signat.	ure required whe	en reinstating)	03/05/2	2001	<u> </u> =	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Tax filing requirement and elects to do so.  Tax filing requirement and elects to do so.			1 Fee	will be \$5	50.00	10. Election Campaign Fir Trust Fund Contribution		<b>\$5.0</b> 0 Added	May Be to Fees	
11.	OFFICERS AND [	DIRECTORS	12.			ADDITIONS/CHANGES TO OFF	ICERS AND D	DIRECTORS	IN 11	1
TITLE NAME STREET ADDRESS	D MCHALE MICHAEL J 1935 N.E. RICOU TERRACE	☐ Delete	NAM		D MCHALI	E MICHAEL J JENSEN BEACH BOULEVARD		X Change	Addition	034 (11/00)
CITY-ST-ZIP	JENSEN BEACH	FL 34957	CITY	'-ST-ZIP	JENSEN		FL 3	4957		711
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ¸		-				Change	☐ Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		_			<del></del>	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY	IE EET ADDRESS '-ST-ZIP				Change	Addition	
of the cor	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo- or on an attachment with an address, w	true and accurate and that m wered to execute this report a	บ รเกกล	fure chall h	ava tha con	ne legal effect se if made under a	anthe that I am	ann officer (	ar director	
SIGNAT	URE: Michael J. McHale SIGNATURE AND TYPED OR PE	NAME OF SIGNING OFFICER O	R DIRECT	TOR		D 03/05/2001  Date	Day	time Phone #		