FILED May 08, 2007 8:00 am Secretary of State

2007	FOR	PRO	FIT	COR	POR	ATION
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Space Spac	1. Entity Nam	MENT	# DO40000						-,,		
S.LEIMAN PRWY STEE 270 STEE		е		1386					-		
S. E. HAMP PRWY STEE 270 ST	Principal Place	e of Business		Mailino Address			-				
STE 270 ACKSOMULE, FL 32216 Suite, Apt. 4, etc. Cry & State Country Zip Country Country Sp. Country Country Sp.			•								,
Sullic, Apl. #, etc.		N VV T	,		,						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. 8, etc. Suite Suite, Apt. 8, etc. City & State City & State City & State Zip Country Zip Country Zip Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLEIMAN ANTHONYT Suite State Address of New Registered Agent Steen Address of New Registered Agent Site Address of New Registered Agent Suite Address of New Registered Agent Suite 270 City Jacksonville FL Zip Codd 22 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 Fonda. Lam familiar with, and the obligations of registered agent, or both, in the State of Fonda. Lam familiar with, and the obligations of registered agent, or both, in the State of Fonda. Lam familiar with, and the obligations of registered agent, or both, in the State of Fonda. Lam familiar with, and the obligations of registered agent, or both, in the State of Fonda. Lam familiar with, and the obligations of registered agent, or both, in the State of Fonda. Lam familiar with, and the obligations of registered agent, or both, in the State of Fonda. Lam familiar with, and the obligations of registered agent, or both, in the State of Fonda. Lam familiar with, and the obligations of registered agent, or both, in the State of Fonda. Lam familiar with, and the obligations of registered agent, or both, in the State of Fonda. Lam familiar with, and the obligations of registered agent, or both, in the State of Fonda. Lam familiar with, and the obligations of registered agent, or both, in the State of Fonda. Lam familiar with, and the obligations of registered agent, or both, in the State of Fonda. Lam familiar with, and the obligations of registered agent, or both, in the State of Fonda. Lam familiar with, and the obligations of registered agent, or both, in the State of Fonda. Lam familiar with, and the obligations of Fonda, a			_			•	' ' '	•			
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Spanish Span	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			03142007	Chg-P	CR2E034	(12/06)	
6. Name and Address of Current Registered Agent SLEHMAN, ANTHONY-T SLEIMAND PKWY-STE 270 JACKSONVILLE, FL-32216 8. The above named entity submits this statement for the purpose of changing its registered difference of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registering agent. SIGNATURE Signawa, typed or principle of control or produced agent and see if applicable. Robert K. White Signawa, typed or principle or principl	City & State	8		City & State			I .				plied For t Applicable
Name Robert K. White	Zip		Country	Zip	Countr	У	5. Certificate o	f Status Desired			
Name Robert K. White		6. Name	and Address of Curren	t Registered Agent			7. Name and A	Address of New R	legistered Age	int	
Street Address (P.O. Box Number is Not Acceptable) 1. SLeIman Parkway STE 270 2. Suite 270				· · · ·		Name					
Steel Address (P.O. Box Number is Not Acceptable) 1 Steinman Parkway. Suite 270 City Jacksonville FL Zip Codg 222 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 a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a state of Florida. I am familiar with, and	-UAAMIB18	HEHA	Y- T			Rober	t K. Whi	te			
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Suite 270 City Jacksonville FL Zip Cod 322 St. 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 a title obligations of registered agent agent are steed appealable. POTE: Registered Agent agreed when reinstance) DATE					L	1 S1e	iman Parl	kwav			
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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the if appealable. Robert K. White 3/20/07 Robert K. White 3/20/07 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITUE DEVELOPMENT OF THE MANAGE STRICT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MANAGE STRICT ADDRESS CITY-ST-2P JACKSONVILLE, FL 32216 TITLE DEVELOPMENT OFFICERS AND DIRECTORS TITLE DEVELOPMENT OFFICERS AND DIRECTORS TITLE DEVELOPMENT OFFICERS AND DIRECTORS IN THE MANAGE STRICT ADDRESS CITY-ST-2P JACKSONVILLE, FL 32216 TITLE DEVELOPMENT OFFICERS AND DIRECTORS IN THE MANAGE STRICT ADDRESS CITY-ST-2P JACKSONVILLE, FL 32216 TITLE DEVELOPMENT OFFICERS AND DIRECTORS IN THE MANAGE STRICT ADDRESS CITY-ST-2P JACKSONVILLE, FL 32216 TITLE DEVELOPMENT OFFICERS AND DIRECTORS IN THE MANAGE STRICT ADDRESS CITY-ST-2P JACKSONVILLE, FL 32216 TITLE DEVELOPMENT OFFICERS AND DIRECTORS IN THE MANAGE STRICT ADDRESS CITY-ST-2P JACKSONVILLE, FL 32216 TITLE DEVELOPMENT OFFICERS AND DIRECTORS IN THE MANAGE STRICT ADDRESS CITY-ST-2P JACKSONVILLE, FL 32216 TITLE DEVELOPMENT OFFICERS AND DIRECTORS IN THE MANAGE STRICT ADDRESS CITY-ST-2P JACKSONVILLE, FL 32216 TITLE DEVELOPMENT OFFICERS AND DIRECTORS IN THE MANAGE STRICT ADDRESS CITY-ST-2P JACKSONVILLE, FL 32216 TITLE DEVELOPMENT OFFICERS AND DIRECTORS IN THE MANAGE STRICT ADDRESS CITY-ST-2P JACKSONVILLE, FL 32216 TITLE DEVELOPMENT OFFICERS AND DIRECTORS IN THE MANAGE STRICT ADDRESS CITY-ST-2P JACKSONVILLE, FL 32216 TITLE DEVELOPMENT OFFICERS AND DIRECTORS IN THE MANAGE STRICT ADDRESS CITY-ST-2P TITLE DEVELOPMENT OFFICERS AND DIRECTORS IN THE MANAGE STRICT ADDRESS CITY-ST-2P TITLE DIVIDED TO THE MANAGE STRICT ADDRESS CITY-ST-2P TITLE TITLE DEVELOPMENT OFFICERS AND DIRECTORS IN THE MANAGE STR	<i>U</i> , 10.10011	·	02210		- 1			<i>J</i>			
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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 dir of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block	FILL After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D SLEIMAN 1 SLEI	FEE IS \$150.00 7 Fee will be \$550 OFFICERS AND ANTHONY T N PKWY STE 270 WILLE, FL 32216 ELI T JR N PKWY STE 270 WILLE, FL 32216 JOSEPH E N PKWY STE 270 WILLE, FL 32216 e information supplied wit or supplemental report	9. Election Camp Trust Fund Cor DDIRECTORS Delete Delete Delete Delete Delete	aign Finance aign Finance ntribution. 11. Title NAME STREE CITY-:	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	d in Chapter 119, same legal effect	Florida Statutes. I	I further certify oath; that I am	Change Change Change Change Change	Addition Addition Addition Addition Addition Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR