Mailing Address TH SQRTH DEE AVENUE TH SQRTH D	1. Entity Nam	ne	# P94000 ISES, INC.	14079				J	an 12 Secre	FILE , 200 tary	2D 1 8:0 of S)0 an tate	n
SURIA, Act. Y., aloc. Suria, Act. Y., aloc. Suria, Apr. Y., eloc. Suria, Apr. Y., eloc. DO NOT WARTE M THIS SPACE Type	11 NORTH DIX	IE AVENUE		711 NORTH DIXIE AVENUE									
City & State	2. Principal P	lace of Busine			_	_							
Section Sect	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
Signar June 2 Crange Applica Signar June 2 Crange Crange Applica Signar June 2 Crange Crange Crange Applica Signar June 2 Crange Cra	City & State	е	City & State		4. F	El Number	59-322744	1					
PATEL_JAGRUTI B 711 NORTH DIXE AVENUE TUTUS/NLLE FL 32798 City FL 2/p Code City FL	Zip	Country		Zip	Countr	Country		Certificate of S	status Desired				
PATEL, JAGRUTI B 711 NORTH DIME AVENUE TUTUSVILLE FL 32796 City FL Zip Code 8. The anovo named writing submits this statement for the purpose of changing its registered office or registered again, or both, in the State of Forida. SIGNATURE 8. The anovo named writing submits this statement for the purpose of changing its registered office or registered again, or both, in the State of Forida. SIGNATURE 9. This curror attent is eligible to sately its infrangular TAR Wing requirement and electic to do so. After May 1, 2001 Fee will be \$550.00 Male Check Payable to Department of State Added to Fees Added to		6. Name	and Address of Current F	Registered Agent			7. N	lame and Ad	dress of New F	Registered A	gent		Ĭ.
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, Yord or present and degree agent (and present agent) Signature, Yord or present and degree agent (and present agent) Signature, Yord or present and degree agent (and present)	711 أ	North Dixii	E AVENUE	<i>r</i>			s (P.O. B	ox Number is	Not Acceptabl	9)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida SIGNATURE Signature Sign	1010	JOYILLE 1 L V	£150	-		City			· · · · · · · · · · · · · · · · · · ·		Zip Cod	e	┨
SIGNATURE Signature system or personal review of regulated aport and title if explicable (NOTE Regulated Aport Digitative required when rentationary) DATE											<u></u>		▎▐
TITLE PATEL, JAGRUTI B CANDRESS CITY-ST-ZIP CHange Addition MERRIT ISLAND FL 32953 CITY-ST-ZIP CHANGE SHORE DR. MERRIT ISLAND FL 32953 CITY-ST-ZIP CHANGE SHORE SHORE ADDRESS CITY-ST-ZIP CHANGE CITY-ST-ZIP CITY-	Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee Make Check Payable to D					will be \$550.00	e \$550.00 Trust Fund Contribution. Added to Fees						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME		D	OFFICERS AND [AD	DITIONS/CH.	ANGES TO OFF	-ICERS AND			(00/0
INAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition	NAME STREET ADDRESS	PATEL, JAC 271 LAKE	shore dr.	□ Delete .	NAME STREE	T ADDRESS							2E034 (10/
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13. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 1-5-01 383-8534	TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE	T ADDRESS					☐ Change	Addition	
	13. I hereby of indicated of the cor	l on this report rocretion or the	or supplemental report is e receiver or trustee empo	true and accurate and that wered to execute this repor	for the exement my signature that the control of th	nption stated in	ie same i	egai effect as da Statutes; a	ir made under ind that my nan	oam: macca	n an onicer	or director	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNAT	URE: _	SIGNATURE IND TYPED OR PI	HINTED NAME OF SIGNING OFFICE	R OR DIRECTO	OR		1-5	Date 1	<u> 38</u>	ytime Phone #	34_	