DOCUMENT # P94000024179

1. Entity Name
MALACKY LAUNDRY INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State
01-13-2001 90044 027 ***150.00

Principal Place of Business	Mailing Address
1 ALDER AVE F W B FL 32548 US	43 NEBRASKA FORT WALTON BEACH FL 32548 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3229487 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALACKY, PATRICIA 601 PEBBLE DRIVE FORT WALTON BEACH FL 32548	Name Street Address (P.O. Box Number is Not Acceptable) 43 NEBRASKA AVE City FT WALTON BEACH FL Zip Code 32548

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.

SIGNATURE PATRICIA MALACKY Patricia L. Malacky 1-6-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MALACKY, PATRICIA 43 NEBRASKA FORT WALTON BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 FT WALTON BEACH, FL 32548	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALACKY, MICHAEL A 43 NEBRASKA FORT WALTON BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 32548	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: PATRICIA MALACKY Patricia L-Malacky 1-6-01 850-301-9106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #