DOCUMENT # P950000 1. Entity Name PYPER ENGINEERING, INC.		T (UBR)	FILED Jan 12, 2001 8:00 am Secretary of State 01-12-2001 90049 049 ***150.00
Principal Place of Business 1695 COLLEGE PARKWAY SUITE 219 ORT MYERS FL 33919 IS 2. Principal Place of Business 7370 Callege Park way Suite, Apt. #, etc. 410	Mailing Address 8695 COLLEGE PARKWAY SUITE 219 FORT MYERS FL 33919 US 3. Mailing Address 7370 College Suite, Apt. #, etc. City & State	Parkway	DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0598340 Applied For
	33907	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required
PYPER, ANDREW M 8695 COLLEGE PARKWAY SUITE 219 FORT_MYERS FL 33919	~ ~	CityFort	7. Name and Address of New Registered Agent PER ANDREW M. s (P.O. Box Number is Not Acceptable) COLLEGE PARKWAY # 101 -Myers FL Zip Code 33907
8. The above named entity splamits this statement for a SIGNATURE Signature, typed or printed arms of registered agent and	ANDREW M.	gistered office or regist Pyper gistered Agent signature require	lered agent, or both, in the State of Florida.
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FEE IS \$150.00 Fee will be \$550.00 to Department of Si	tate
TITLE PT PYPER, ANDREW M STREET ADDRESS COLLEGE PARKWAY FORT MYERS FL 33919	Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition PER, ANDREW M 370 College Parkway #101 TMYERS, FL 3.3907
TITLE PT NAME PYPER, PATRICIA C 8695 COLLEGE PARKWAY FORT MYERS FL 33919	☐ Delete	TITLE NAME TYPER STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICIAC 370 College Parkway # 107 -MYERS, FL 33907 - Change Addition
ITTLE VAME STREET ADDRESS SITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VAME 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 Change Addition Change Addition
	true and accurate and that my t wered to execute this report as		Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director
SIGNATURE:	ANDREW .	M. POPE	107, Florida Statutes; and that my name appears in Block 11 or Block 12 if O 1 / 0 5 / 0 Date Daytime Phone #