ANNUAL	PROFIT PORATION Sandra B Mortham Secretary of State Division of Corporations						
C AND	ENT # PS J NIESEN, INC.	3500006	0813 (9)		I MADINESE NO MINO CUMO BRANC E	101 41 01 41 04 101 14 1	
rincipal Place of 8849 LATREC ORLNADO FL	AVE #202	8	ng Address 849 LATREC AVE #20 IRLNADO FL 32619	2			
ONLINGO TE	62010	·			3. Date Incorporated or Qualified 08/07/1995	3a. Date of Las	
Principal Place of Business Dockside Grill State Add Application		26	28. Marting Address 26. Sold Grovesmere Logs Suite Apt. #, etc.		/	51	Applied For Not Applicable 75 Additional
Sulfe, And 54 Gity & State	Central Flo	ridalkiny	lity & State	1 22019	Certificate of Status Desired Election Campaign Financing Trust Fund Contribution	□ F ₆	.00 May Be
Uriani 123286	Country 25 Oral	28 (29 29	33819	232819 30 Orange	8. This corporation has liability to Fiorida Statutes	intangible tax unde s [] No	
744	9. Name and Address	of Current Registe	red Agent	81 Name	10. Name and Address of New	Registered Agent	
NIESEN, CHAD R 8849 LATREC AVE #202 ORLNADO FL 32819			83 Street Addres		ess (P.O. Box Number is Not Accepta	ble)	
						FL 85	Zip Code
familiar with, IGNATURE Signature 2.	and accept the obligation	ns of, Section 607.05	605, Florida Statutes	figures the Components of Societies (Societies Societies) 13. 1 Title F 12 NAME	d of directors. I hereby accept the ap ਸੰਸੰਦਾ ਦ ਕੀਤਾਰ ADDITIONS/CHANGES TO OF	Đ A Te	OTORS IN 12
REET ADDRESS	OCOCC, FL	34761	DELFTE	1 3 STREET ADDRESS 1 4 CHY-ST-ZIP		∏ Char	ige 🔲 Additio
TLE AME REET ADDRESS	lice Préside Jody L. Nies ROG Grovesm Ococe, FL	no en nere Loop		2.1 DTLE 2.2 NAME 2.3 STREET AGORESS			g
TY+ST-ZIP ILE AME REET ADDRESS	Ococe, FL	34761	[]] DELETE	24 CHY - ST-ZIP 3 1 HTLE # 32 NAME 33 STREET AUCHESS		Chai	nge Additio
TY-ST-ZIP TLE AME TREET ADDRESS			☐ DELETE	3.4 (cft x - S1 - ZIP 4.1.1 TuE 4.2 NAME 4.3 STRLE1 ADDRESS 4.4 Cft x - S1 - ZIP		☐ Chai	nge 🔲 Addilio
TY-ST-ZIP ILE IMME TREET ADDRESS TY-ST-Z-P			□ DELF1£	5 1 TILE 52 NAME 53 STREET ADDRESS 54 CHY-ST-ZIP		☐ Cha	nge Additio
TLE AME TREET ADDRESS ITY-S1-ZIP			<u> </u>	6 1 DTLF 62 NAME 61 STRCET ASDRESS 64 CDLY - ST-ZIP	6000018 -06/03/9601 ***200.00		nge Addition
		in supplied with this f	ing is voluntably furn:	shed and does not qualify	for the exemption stated in Section 1 ate and that my signature shall have t	19 07(3)(k), Florida S	tatutes. I fortha