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1695 Farmstown B dag Tuplou, M 32458

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CORPORATION NAME(S) & DOC	CUMENT NUMBER(S), (if known):	N.S.		
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NEW FILINGS	AMENDMENTS			
☐ Profit	Amendment			
Not for Profit	Resignation of R.A., Officer/Director	- :- · ·		
Limited Liability	Change of Registered Agent	5 75		
Domestication	Dissolution/Withdrawal			
Other	Merger	.a		
OTHER FILINGS	REGISTRATION/QUALIFICATION			
Annual Report	☐ Foreign	-		
Fictitious Name	Limited Partnership			
	Deinstotement - 4			
	Trademark & A Chy.			
	Other V. SHEPARD DEC 7	2000 .		
	Examiner's Initials	•		
R2E031(7/97)	Advantage of Alleberty			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organize			tutes,
the State of Florida.	1		in, in
1. The name of the corporation :	TLANTIS FU	NDING CONCEPTS FOR	
the State of Florida. 1. The name of the corporation:			0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
2. The mailing address of the corporat			
2. The maining address of the corporat	ion :		
1695 W. Zwar. 3. Date of incorporation/qualification:	ANTOWN KO	#29, VUPOHER, PLS	382%
3. Date of incorporation/qualification:	8/11/1995	_ Document number: 22000	0624683 04
4. The name and address of the current	t registered agent and o	office:	
To Separate 1	C Parco	ia Gayle M. Dixon	
0.0	. /		
7.0, BOX	J.T.G.	1695 W. Indiantown	Rd., 5te. 29
+OP, TER	1123346	& Jupiter F1 3345	8
5. The name and address of the new re	gistered agent (11 chang	ged) and/or registered office (if change	d):
	P. O. Box Not Accepts		
Address 1695 a			
	2, RL 3345		k ±801 sælf = mo
Name RICHARD	F- CHRIST	TAW	
The street address of its registered off agent, as changed, will be identical.		· · · · · · · · · · · · · · · · · · ·	red
Such change was authorized by resolu authorized by the board.			
Mohushan	· · · · · · · · · · · · · · · · · · ·		っ
(Signature of an officer, chairman or vice		/	
Kickens F. CHR	istrang Va	ES	
(Printed or typed name a	and title)	- ,	
Having been named as registered ager corporation, I hereby accept the appor I further agree to comply with the prop performance of my duties, and I am fa registered agent.	nt and to accept servic intment as registered a visions of all statutes r miliar with and accept	ee of process for the above stated agent and agree to act in this capacity elative to the proper and complete t the obligation of my position as	<i>)</i> .
Without how		1/-2/-200	
(Signature of Registered Agent)	· · · · · · · · · · · · · · · · · · ·	(Date)	o a martinar i s
If signing on behalf of an entity:			
(Typed or Printed Name)		(Capacity)	*** **********************************
* * *	FILING FEE: \$35.0	A * * *	
CR2E045(9/00)		~	
DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 32314	