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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

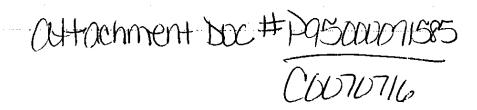
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 01, 2001 8:00 am Secretary of State DOCUMENT # **P95000071585** 1. Entity Name 06-01-2001 90005 035 ***150.00 C4T MANAGEMENT, INC. Principal Place of Business Mailing Address 1878 PIEDMONT RD 4095 EMBRASSY DR SE **LUU/U/19** ATLANTA GA 30324 GRAND RAPIDS MI 49546 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2197278 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM ELSBERRY, MICHAEL V 1200 SOUTH PINE ISLAND ROAD 215 NORTH EOLA DRIVE ORLANDO FL 32801 PLANTATION, FLORIDA 33324 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. (NOT Reg stered Agent sittinature required when reinstating) FILE NOW! ! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 20 11 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal le to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Receive ☐ Delete TITLE ☐ Change ☐ Addition NAME STENGER, PHILLIP S NAME STREET ADDRESS STREET ADDRESS 4095 EMBASSY DR SE CITY-ST-ZIP CITY-ST-ZIP GRAND RAPIDS MI 49546 TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRI \$\$ CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this repor changed, or on an attachment with an address, with a following like empowered

Obtachment boo#195000 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Certified C Walk in Pick up time Certificate C Will wait ■ Photocopy Mail out **AMENDMENTS** NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director ☐ Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other 0000000 REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Foreign Limited Partnership Fictitious Name Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)



CERTIFICATE OF CHANGE OF REGISTERED AGENT/REGISTERED OFFICE OF C4T MANAGEMENT, INC.

Pursuant to the provisions of Section 607.0502, Florida Statutes, C4T MANAGEMENT, INC., a corporation organized and existing under and by virtue of the laws of the State of Florida (the "Corporation"), hereby submits the following statement in designating a new Registered Office/Registered Agent, in the State of Florida:

1. The name of this corporation is:

C4T MANAGEMENT, INC.

2. The name and address of the current registered agent is:

Michael V. Elsberry 215 North Eola Drive Orlando, Florida 32801

3. The name and address of the registered agent is to be changed to:

CT Corporation System 1200 South Pine Island Road Plantation, Florida 33324 FILED

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- 4. The street address of the registered office of the corporation and the street address of the business office of its registered agent, as changed, will be identical.
- 5. That Phillip S. Stenger, as Receiver of the Corporation has been authorized by resolution duly adopted by the board of directors to execute this Certificate of Change on behalf of the Corporation.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Change as of the 7th day of September, 2000.

C4T MANAGEMENT, INC., a Florid corporation

Phillip S. Stenger, Receiver

063059/67024/394025

Obtainment Doc# Pgsacon1585
Coo70716

ACCEPTANC E OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of C4T MANAGEMENT, INC.

CT Corporation System

By: Ulichy Boldote

Printed Name VICKY COLDSTEIN

SPECIAL ASSISTANT SECRETARY