DOCUMENT # 15 000 8070	2901 UNIFORM BUS	INESS REPO	OHT (UBR)	FILED		
Principal Place of Business  19050 SE 477 Place Po Box 321  Robriston, R. 32668 Morriston, R. 32668  Subministration, R. 32668 Morriston, R. 32668  Subministration, R. 3666  Subministration, R. 36660  Subminist	DOCUMENT # P950000 80710					
190 50 SE 47 Place	Rowley & Co.,	Inc.	(A)	1		
Satin, Apr I, etc.  Satin,	Principal Place of Business	Mailing Address	2 22 4	1		
Satin, Apr I, etc.  Satin,	19050 SE 47 Place	e Po	30× 3L/			
Subject of the control of the contro	Morriston, FL 32668	3 Morri	32668			
Cry & Sine  Cry &	2. Principal Place of Business	3. Mailing Address				
Debt   Country   Zo	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
S. Name and Address of Currant Registered Agent  S. Name and Address of Sturrant Registered Agent  T. Name and Address of Sturrant Registered Agent  T. Name and Address of Steve Registered Agent  T. Name and Address of Steve Registered Agent  T. Springel Check.  Supplyings B.O. Dox Purple is No. 2 proportable)  Law Firth of  Supplyings B.O. Dox Purple is No. 2 proportable)  Law Firth of  Supplyings B.O. Dox Purple is No. 2 proportable)  Law Firth of Steve is not supplying purposed address of supplying purposed address of the Steve of Planta.  Signature of supplyings B.O. Dox Purple is No. 2 proportable)  B. The corporation is eligible to address of the supplying purposed address of the supplying agent of book in the State of Planta.  Signature of supplying B.O. Dox Purple is No. 2 proportable)  B. The corporation is eligible to address of the supplying purposed address of the supplying B.S. Study and Study is International Control of the supplying B.S. Study and Study is International Control of the supplying B.S. Study and Study is International Control of the supplying B.S. Study and Study is International Control of Study and	City & State	City & State		4. FEI Number Applied For Not Applicable		
The Law Titm of Lawrence J. Spiege Chart.  3H3 Almeria Aretwee  Cot Jobbs F. 33134  City Morris for F. 230068  8. The above named orgy submits this statement to grape parameted of changing is registrored office or registered appert. or both, in the State of Portice.  SIGNATURE:  City Morris for F. 230068  18. The copposition is wighted to satisfy the Interpolities of the Coty of the Composition of the Coty of t	Zip Country	Zip	Country	5. Certificate of Status Desired		
Augustus	6. Name and Address of Curren	t Registered Agent		<u> </u>		
3+3 Aumeria Areture  Corp. Gables, R. 33134    Chymory Ston   FL   790068   B. The above named explicit submits this statement trythe purpose of charging its registered office or recipitated agent, or both, in the State of Portica.	1 7/12 22000	-0	L KOL			
Corp. Gables , R 33134    City   Corp.   City   Cit			Street did 195	(P.O. Box Number is Not Acceptable) Place		
8. The above named out submits this statement trythe purpose of changing its registered office or registered agent, or both, in the State of Porcida.    Committee	1075 100100	_		-		
SIGNATURE    Signature   Signa	Coral gables, PL	33134	CityMov	riston FL 32068		
9. This corporation is eligible to select a control active management of the corporation is eligible to select a control activity. The corporation is eligible to select a control activity. The corporation is eligible to select a control of the corporation is eligible to select a control of the corporation is eligible to select a control of the corporation is eligible to select and control of the corporation is eligible to select a control of the corporation of the corporation of the corporation of the eligible and elected to do so.  (See criteria on back)    After MAY 1, 2001 Fee will be \$550.00     Added to Fees	B. The above named entity submits this statement	on the purpose of changing its	registered office or registor	ered agent, or both, in the State of Florida.		
B. This corporation is eligible to satisfy as intangible Tax filing requirement and elects to do so.    Alter MAY 1, 2001 Fee will be \$550.00     Anter MAY		notey_		(928/01		
Section Compaging Financing   S.5.00 May Ba   Addition   Affect MAY 1, 2007 Fee will be \$550.00   Section Compaging Financing   S.5.00 May Ba   Addition   Affect MAY 1, 2007 Fee will be \$550.00   Addition   Addition feet management of the properties of the properti	long and the second sec					
THE ROBEST V. ROUSEY   Delete   TITLE   Change   Addition   STRET ROBESS   CITY-ST-2P   Addition   Addition   STRET ROBESS   CITY-ST-2P   Addition   Addit	Tax filing requirement and elects to do so.	ARer MAY 1, 20	101 Fee will be \$550.00	Trust Fund Contribution. Added to Fees		
STRET ADDRESS OTH'ST-ZPP  TITLE NAME STRET ADDRESS OTH'ST-ZPP  TITLE NAME STRET ADDRESS OTH'ST-ZPP  TITLE NAME STRET ADDRESS STRET ADDRESS STRET ADDRESS STRET ADDRESS OTH'ST-ZPP  TITLE NAME STRET		DIRECTORS	12.			
STRET ADDRESS OTH'ST-ZPP  TITLE NAME STRET ADDRESS OTH'ST-ZPP  TITLE NAME STRET ADDRESS OTH'ST-ZPP  TITLE NAME STRET ADDRESS STRET ADDRESS STRET ADDRESS STRET ADDRESS OTH'ST-ZPP  TITLE NAME STRET		Delete		Change Addition   S		
STRET ADDRESS OTH'ST-ZPP  TITLE UNME STRET ADDRE		Place	STREET ADDRESS	<u>8</u>		
STRET ADDRESS OTH'ST-ZPP  TITLE NAME STRET ADDRESS OTH'ST-ZPP  TITLE NAME STRET ADDRESS OTH'ST-ZPP  TITLE NAME STRET ADDRESS STRET ADDRESS STRET ADDRESS STRET ADDRESS OTH'ST-ZPP  TITLE NAME STRET		32668		Change Daddford		
CITY-S1-ZP  TITLE    Delete   ITILE     Delete   ITILE     Delete   ITILE     Delete	· ·	. Thereto				
INLE STREET ADDRESS CITY-ST-ZP  TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZP  TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZP  TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZP  TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZP  TITLE DELETE STREET ADDRESS CITY-ST-ZP  TITLE MAME STREET ADDR	! I					
NAME STREET ADDRESS CITY-ST-ZP  TITLE Delete NAME STREET ADDRESS CITY-ST-ZP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE STREE		☐ Deligite		Change Addition		
CITY-SI-7P.  TITLE  NAME  STREET ADDRESS  CITY-SI-7P  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-SI-7P  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-SI-7P  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-SI-7P  TITLE  Delete  TITLE  Delete  TITLE  Delete  NAME  STREET ADDRESS  CITY-SI-7P  TITLE  Delete  TITLE  Delete  NAME  STREET ADDRESS  CITY-SI-7P  TITLE  Delete  NAME  STREET ADDRESS  CITY-SI-7P  TITLE  Delete  STREET	1 1			·		
TITLE    MAME   STREET ADDRESS   STREET ADDRESS	·					
STREET ADDRESS CITY-ST-7IP  TITLE    Delete   TITLE   MAME		☐ Delete	TITLE	Change Addition		
CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling 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:  **Nowley**  **Addition**    Change   Addition**   Addition**   Addition**   Change   Addition**   Addition**   Change   Addition**   Chang	1					
STREET ADDRESS CITY-51-ZIP  TITLE    Delete   TITLE     NAME     STREET ADDRESS     CITY-51-ZIP     TITLE     Delete   TITLE     NAME     STREET ADDRESS     CITY-51-ZIP     TITLE     Delete   TITLE     NAME     STREET ADDRESS     CITY-51-ZIP     TITLE     Change   Addition     Addition     NAME     STREET ADDRESS     CITY-51-ZIP     TITLE     Change   Addition     Addition     NAME     STREET ADDRESS     CITY-51-ZIP     TITLE     Change   Addition     Addition     NAME     STREET ADDRESS     CITY-51-ZIP     Change   Addition     Change   Additi				·		
STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP    13. I hereby certify that the information supplied with this filling 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 adafess, with all other like empowered.  SIGNATURE:   N. V. W.   W.   W.   W.   W.   W.   W.	1	☐ Delete		☐ Change ☐ Addition		
ITILE  NAME  STREET ADDRESS  CITY-S1-ZIP  13. I hereby certify that the information supplied with this filling 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 adaptes, with all other like empowered.  SIGNATURE:  **Addition**    Change						
STREET ADDRESS CITY-ST-ZIP  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 eath; 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:  (352)  528 - 5788	CITY-ST-ZIP	<u></u>	CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP  13. I hereby centify that the information supplied with this filling 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 adaptes, with all other like empowered.  SIGNATURE:  (352)  528 - 5788		Delete		Change Addition		
13. Thereby certify that the information supplied with this filling 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:  4/38/01  (352)  528 - 5788						
indicated on this report or supplemental report is true and accurate and that my signature shart have the same legal effect as it made under oath; that I am an onicer 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 adaless, with all other like empowered.  SIGNATURE:  4/38/0/  3528-5788						
SIGNATURE: K.V. Kowley 4/30/01 (352) 528-5788	indicated on this report or supplemental report of the corporation or the receiver or trustee emp	is true and accurate and that r powered to execute this report	my signature shall have the : as required by Chapter 60:	same legal effect as it mage under oath; that I am an onicer or director		
	11/100	lu -	4/3/1/11	(352) 528-5788		
	SIGNATURE: HE HATURE AND TYPEO OF	PER SENIE SENIES CHESCHE	okovecyn			