02116 Daytona Crosswinds, Inc. 661 Beville Road, Ste. 206 South Daytona, FL 32119 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time ☐ Walk in Certified Copy Will wait Photocopy Mail out Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ RA Chg QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement VS. 9 1997 Trademark Other Examiner's Initials CR2F031(1.95)

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Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.05 Florida Statutes, the undersigned corporation Florida submits the following statemor registered agent, or both, in the State of Fl	organized under the laws of the State of
1a. The name of the corporation is: Dayton	a Crosswinds, Inc.
1b. Date of incorporation 3/7/96	Document number P96000021167 (7)
2. The name and address of the current regi	Document number P96000021167 (7) stered agent and office: sland Road, Plantation, Florida 33324 Holder and office:
c/o CT Corporation System, 1200 S. Pine I	sland Road, Plantation, Florida 33324
3. The name and address of the new registere (P.O. Box Not Acceptable) PAUL N. UPCHURCH	d agent and office:
661 Beville Road, Suite 206, South	Daytona, Florida 32119
The street address of its registered agent and of its registered agent as changed will be iden. Such change was authorized by resolution dul an officer so authorized by the board.	ical,
SIGNATURE	Charles T. Harper, Director
DATE	Typed or printed name and title
HAVING BEEN NAMED AS REGISTERED AGE PROCESS FOR THE ABOVE STATED CORPOIN THIS CERTIFICATE, I HEREBY ACCEPT THAGENT AND AGREE TO ACT IN THIS CAPACIWITH THE PROVISIONS OF ALL STATUTES REPLETE PERFORMANCE OF MY DUTIES, AND THE OBLIGATION OF MY POSITION AS REGISTED SIGNATURES.	RATION AT THE PLACE DESIGNATED IE APPOINTMENT AS REGISTERED TY. I FURTHER AGREE TO COMPLY ELATIVE TO THE PROPER AND COM- I AM FAMILIAR WITH AND ACCEPT STERED AGENT.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

CR2E045 (7-91) (FtA. - 2194 - 3/4/92)

FILING FEE: \$35.00