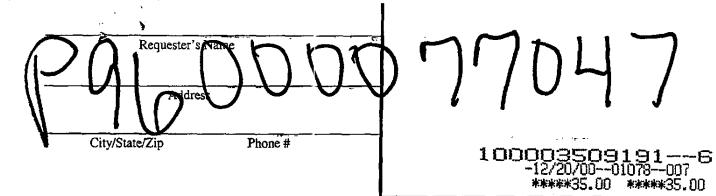
2001 UNIFORM BUSINESS REPORT (UBR) Jun 01, 2001 8:00 am Secretary of State DOCUMENT # P96000077047 L.C.D.S. ASSOCIATES, INC. 06-01-2001 90005 038 ***150.00 Principal Place of Business Mailing Address 3329 N US HWY 441 4095 EMBASSY DR. SE GRAND RAPIDS MI 49546 FRUITLAND PARK FL 34731 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3398359 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELSBERRY, MICHAEL V CT CORPORATION SYSTEM 215 NORTH EOLA DRIVE 1200 SOUTH PINE ISLAND ROAD ORLANDO FL 32801 PLANTATION, FLORIDA 33324 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Registered Agent signature required when reinstating) DATE 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(1 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payab to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 H Receiver TIFLE ☐ Delete TITLE ☐ Change Addition NAME 4095 EMBASSY DR SE STREET ADDRESS STREET ADDRESS GRAND RAPIDS MI 49546 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for 1 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 a required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

5/22/01

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NEW FILINGS	AMENDMENTS STATE S
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials

Other ment Doc# 1960000001047

CERTIFICATE OF CHANGE OF REGISTERED AGENT/REGISTERED OFFICE OF L.C.D.S. ASSOCIATES, INC.

Pursuant to the provisions of Section 607.0502, Florida Statutes, L.C.D.S. ASSOCIATES, 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:

L.C.D.S. ASSOCIATES, 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 00 DEC 20 PM 2: 34 CECRETARY OF STATE CLLAHASSEE. FLORID:

- 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.

L.C.D.S. ASSOCIATES	, INC., a Florida
corporation	
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By:	

Phillip S. Stenger, Receiver

Ostachment Mc# 196000000001047 CUUTUTIS

ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of L.C.D.S. ASSOCIATES, INC.

CT Corporation System

Dr. 11/11/14/14/19

Printed Name:

VICKY COLDSTEIN_

SPECIAL ASSISTANT SECRETARY