COR	RPORATION Kather		MAY 1ST IS	MENT OF STATE	FILED Apr 20, 1999 8:00 am Secretary of State		
	1999 DIVISION OF CO			RPORATIONS	. 04-20-1999 90037 046 ***150.00		
DOCUM		6000089	572	. .			
1. Corporation DOWN T	O EARTH DISTRIBU	JTION, INC.		_			
	an a						
Principal Place	a*a			-			
2300 PALM BCH LAKES BLVD: 2300 PALM BCH LAKES BLVD STE 2078 STE 2078				D . ∔			
WEST PALM BC US	CH FL 33409	US	PALM BCH FL 33409		3. Date Incorporated or Qualifed	IN THIS SPACE	
		· 			10/30/1996 4. FEI Number		lied For
2. Principal Pla	ace of Business	2a. M	ailing Address		65-0696006		Applicable
Suite, Apt. #	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Ac Fee Reg	
City & State		27 C	ity & State	·	6. Election Campaign Financing	\$5.00 .	(
13	· · · · · · · · · · · · · · · · · · ·	28		<u> </u>	Trust Fund Contribution	Added to	
Zip 24	Country 25	29 Zi	ip 3	Country	 B. This corporation owes the curren Personal Property Tax. 		JNo
	9, Name and Address				10. Name and Address of New Re	gistered Agent	
JER(ome, al.₂≈₂			81 Name	,		
2300	PALM BEACH LAKES	BLVD		82 Street Add	dress (P.O. Box Number is Not Acceptabl	6)	
	207B T PALM BEACH FL 334	400		83			-
WEG	TALM DEACH, PL 35	-03					
				84 City		-FI 85 Zip Co	ebc
44 Dumunti	to the provisions of Section	s 607.0502 and 607.	1508, Florida Statutes	the above-named cor	poration submits this statement for the p	-FL	egistered
11. Pursuant t	to the provisions of Section egistered agent, or both, in m familion with, and accept	of the State of Florida.	Such change was aut	, the above-named cor horized by the corporat	rporation submits this statement for the pution's board of directors. I hereby accept	-FL	egistered
11. Pursuant t office or re agent. I ar SIGNATURE	egistered agent, or both, in m familia with, and accept	the State of Florida. the obligations of, Se	Such change was aut action 607.0505, Florid	, the above-named cor horized by the corporat		-FL	egistered istered
11. Pursuant t office or re agent. I ar SIGNATURE 12.	egistered agent, or both, in m familia with, and accent Signature, typed or printed name of OF	the State of Florida. the obligations of, Se	Such change was aut ection 607.0505, Florid plicable. (NOTE: R	, the above-named cor horized by the corporal a Statutes. egistered Agent signature require 13.		-FL Impose of changing its r the appointment as reginned DATE CERS AND DIRECTOF	egistered istered
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SIGNATURE:	_
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR