**FILED** 

| Mathry Access TO NE SOUND MOYE PORT ST LUCIE R, 1989  2. Principal Place of Evaniness Sum, Age A, etc. Sum, Age A, etc. Sum, Age A, etc. City A State City A Stat                                | DOCUMENT # P96000101204  1. Entity Name ROLIN ENTERPRISES, INC. |  |   |                              |                 | Mar 25, 2002 8:00 am<br>Secretary of State<br>03-25-2002 90076 028 ***150.00 |                  |              |                   |            |
|---|---|--|---|------------------------------|-----------------|--|------------------|--------------|-------------------|------------|
| PORT ST LUCE FL 3468    Suite Act   4 cc  | 1   |  |   |                              |                 |  |                  |              |                   |            |
| Suite, Act 4, otc.  Suite, Act 4, otc.  Suite, Act 4, otc.  City & Sale  City & Sal                                |   |  |   |                              |                 |  |                  |              |                   |            |
| Suite, Act 4, otc.  Suite, Act 4, otc.  Suite, Act 4, otc.  City & Sale  City & Sal                                |   |  |   |                              |                 |  |                  |              |                   |            |
| City & Sales  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. Name and Add                                | 2. Principal Place of Business                                  |  | 3. Mailing Address  |                              |                 | + 100111001 110 10110 01111 01111 00111                                      | : 6412t   6   64 | ( <b>1</b> 6 | HOLLIN BERNARA    |            |
| Section Country   Zip   Country   Section                                     | Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |                              |                 | DO NOT WRITE IN THIS SPACE   |                  |              |                   |            |
| Country   S. Certificate of Status Desired   St. 75 Additional Policy   S. Certificate of Status Desired   St. 75 Additional Policy   So. Playdood   So. P                                  | City & State  |  | City & State  |                              | 4.              | FE! Number <b>65-0711390</b>   |                  | <b>——</b>    |                   | ]          |
| S. Name and Address of New Registered Agent   Name   Nam                                  | Zip   |  | Zip   | Country                      | 5.              |  |                  | 8.75 Add     | litional          |            |
| LEVENSON, FRANKLYN ESQ 6750 147TH PLACE RD SUMMERFIELD R. 34492-0550  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida  9. This propose name districts the statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida  9. This propose name districts the statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida  9. This propose name displacement agent and little it agentals. [PLUI Registered Agent square agent age                                |   | 6. Name and Address of Current F   | Registered Agent  |                              | 7.              | Name and Address of New Re   |                  |              | <u> </u>          | 1          |
| STREE AUGUESS OFFIST                                 | I EVENSON ERANKI YN ESO   |  |   |                              |                 |  |                  |              |                   |            |
| 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.  SIGNATURE    Summark appose or prince owned agent and to be applicative.   (AOTE Regissered Agent or prince owned and or removement)   DATE  | •   |  |   |                              | dress (P.O. I   | Box Number is Not Acceptable)  |                  |              |                   |            |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Task fling requirement and elects to do so.  Gree Critical on the Killing requirement and elects to do so.  After May 1, 2002 Fee will be \$550.00  Trust Fund Contribution.  BY 100 Financial Fee of Fee Addition  Addition Fee Addition  Addition Fee Addition Fee Addition  Ame STRET ADDRESS  CITY-51-2P  TILE  Addition Fee Addition Fee Addition  Ame STRET ADDRESS  CITY-51-2P  TILE  Addition Fee Additio |   |  |   |                              |                 |  |                  | 7:-0-4       |                   |            |
| SIGNATURE  SIGNATURE  9. This corporation is eligible to satisfy its intengible address of one of process on back)  After May 1, 2002 Fee will be SSS0.00  After May 1, 2002 F                                |   |  |   |                              | <u> </u>        |  |                  | Zip Code     | ·                 |            |
| 9. This corporation is eligible to satisfy its intengible 9. This corporation is eligible to satisfy its intengible 17. If its corporation is eligible to satisfy its intengible 17. If its corporation is eligible to satisfy its intengible 17. If its corporation is eligible to satisfy its intengible 18. If its corporation is eligible to satisfy its intengible 18. If its corporation is eligible to design intengible 18. If its corporation is eligible to design intengible 18. If its corporation is eligible to satisfy its intengible 18. If its corporation is eligible to satisfy its intengible 18. If its corporation is eligible to satisfy its intengible 18. If its corporation is eligible to satisfy its intengible 18. If its eligible to satisfy its intengible 18. If its eligible to satisfy its intengible 19. If its eligible to satisfy its intengible 19. If its eligible to be satisfy its intengible 19. If its eligible to be satisfy its intengible to be satisfied to be satisfied to do so the satisfied to the satisfied to do so t                                |   | named entity submits this statement for  | the purpose of changing its                                 | registered office or r       | egistered ag    | gent, or both, in the State of Flor  | ida.             |              |                   |            |
| Task filing requirement and elects to do so.   Make May 1, 2002. Fee will be \$550.00   May Be Added to Peese   | SIGNATURE.  | Signature, typed or printed name of registered agent ar                                  | nd title if applicable, (NOTE                               | : Registered Agent signature | required when r | einstating)  | DATE             |              |                   |            |
| Trust Fund Contribution.   Added to Fees  | 9. This corpo   | oration is eligible to satisfy its Intangible  | FILE NOW!   | !! FEE IS \$150.0            | )               | 10 Flection Campaign Fina  | neina            |              | O. v n.           | 1          |
| TITLE NAME SIRET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL 34983  Delete TITLE NAME NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIRET ADDRESS CITY-ST-ZIP TITLE N                                |   |  | • •   |                              |                 |  |                  |              |                   |            |
| NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET                                 | 11.   |  |   | 12.                          | A               | DDITIONS/CHANGES TO OFFIC  |                  |              |                   | _          |
| NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET                                 | name<br>Street address  | ROSENBLUM, JAMES<br>1330 NE SOLIDA DRIVE   | ☐ Delete  | NAME<br>STREET ADDRESS       |                 |  |                  | Change       | ☐ Addition        | E034 (9/01 |
| SIRET ADDRESS CITY-ST-ZP  TITLE   Delete   IIILE   NAME                                   |   | TOTAL OF EGGIE 7E G4300  | Delete  |                              |                 | ·—·  |                  | Change       | Addition          | SB         |
| CITY-ST-ZIP  TITLE NAME   Delate   TITLE NAME   Delate   TITLE NAME   Delate   TITLE   Delate   D                                |   |  |   |                              |                 |  |                  |              |                   |            |
| NAME SIRET ADDRESS CITY-ST-ZIP  Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME                                 |   |  |   | 1                            |                 |  |                  |              |                   |            |
| CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM                                |   |  | ☐ Delete  |                              |                 |  |                  | ☐ Change     | Addition Addition |            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET A                                | 1   |  |   |                              |                 |  |                  |              |                   |            |
| STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE   NAME   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   NAME   NAM                                |   |  | ☐ Delete  | <b>Ⅎ</b> ───                 |                 |  | <del></del>      | Change       | Addition          |            |
| CITY-ST-ZIP  TITLE  TITLE  NAME  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 occurate 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. The all other like empowered.  SIGNATURE:  | 1   |  |   | i I                          |                 |  |                  |              |                   |            |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  Delete  TITLE  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 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 than 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:  | ' i   |  | <u> </u>  |                              |                 |  |                  |              |                   | <u> </u>   |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME 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 occurate and tharmy 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 empoweres.  SIGNATURE:   |   |  | ☐ Delete  |                              |                 |  | ,                | ☐ Change     | ☐ Addition        |            |
| TITLE  NAME  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 occurate 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:   | STREET ADDRESS  |  |   | STREET ADDRESS               |                 |  |                  |              |                   |            |
| NAME 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 occurate 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. The all other like empowered.  SIGNATURE:   |   | <u> </u>   | □ Delete  | ╂──┼                         |                 | <del></del>  |                  | Change       | ☐ Addition        | {          |
| 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 occurate 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:   | NAME  |  |   | NAME                         |                 |  | •                |              | ٠٠٠٠              |            |
| indicated on this report or supplemental report is true and occurate 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 empoweres.  SIGNATURE:   |   |  |   |                              |                 |  |                  |              | ·                 |            |
| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Daytime Phone #   | indicated of the corp   | on this report or supplemental report is to<br>poration or the receiver or trustee empoy | true and accurate and that in water to execute this report. | y signature shall ha         | e the same      | legal effect as if made under or   | ath; that I an   | n an officer | or director       |            |
|   | SIGNAT  | URE: SIGNATURE AND TYPED OR PR   | IINTED NAME OF SIGNING OFFICER                              | OR DIRECTOR                  | <u></u>         | - Date   | Day              | time Phone # |                   |            |