FILED Apr 20, 2000 8:00 am Secretary of State

DOCUMENT # P9700001631

1. Entity Name

EAY STORES, INC.

					-	40 ***1 5	
Principal Place	of Business	Mailing Address		03-2	:0-2000 90027 0	42 ***15	0.00
· · · · · · · · · · · · · · · · · · ·		3801 N.W. 40TH TERRACE #A GAINESVILLE FL 32806-6183					
				I INDIANA INDIANA INDIANA INDIANA	nemi Baist Abhi Báist Basel i	HARD BHARD JIRB	# 17 8 7 1 84 1
3008 NW 13th Street 3008 N			Street				
Suite, Apt. #	I, etc.	Suite, Apt. #, etc.		DO NO	THIS SPA	ACE	
GITY & State GATIVES VILLE, 71		City & State GAINES VILLE, 71		4. FEI Number 59-342 1570 Applied Not App		olied For Applicable	
Zip 3260		Zip C	Machua.		esired Li Fe	B.75 Addit e Required	
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address o	f New Registered Ag	<u>e</u> nt	
3801	ER, ESTHER A N.W. 40TH TERRACE #A ESVILLE FL 32606-6183			(P.O. Box Number is Not Acr	ceptable)	E	
			City (= C)	vicaville.	FL	Zip Code	209
8. The above i	named entity submits this statement for	the purpose of changing its reg	istered office or regist	ered agent, or both, in the Sta	ate of Florida.	1 9	<u> </u>
SIGNATURE _	Signature, typed or printed name of registered agent (_ `	gistered Agent signature requ	red when reinstabing)	DATE		
Tax filing re	ration is eligible to satisfy its intangible equirement and elects to do so. ia on back)	FILE NOW!!! I After MAY 1, 2000 Make Check Payable			· · ·		May 8e to Fees
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES	TO OFFICERS AND I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YODER, ESTHER A 3801 NW 40TH TERR GAINESVILLE FL 32606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	loder, Esther 3008 Nw 134	St Suite	_ •	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	Yoder ESMOR 3008 NW 13th	A. Delete 57. 132609	TITLE NAME STREET ADDRESS City-St-Zip			☐ Change	Addition
TITLE	,	☐ Delete	TITLE -			☐ Change	☐ Addition
name Street adoress			NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ Delete				☐ Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME		☐ Delete ☐ Delete	STREET ADDRESS CITY-ST-ZIP WILE NAME STREET ADDRESS			☐ Change	Addition

of the corporation or the receiver or trustee ampowered 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.

3-13·01