DOCUMENT #P97000017689 1. Entity Name					Secretary of State			
	LEDS OF SARASOTA, I	NC.				I ry 01 51 90056 001 ***1:		
		·			01212000	70050 001 1.	20.00	
Principal Pla	ce of Business	Mailing Address		1				
1543 Russell Avenue		1543 Russell Avenue		•				
Sarasot	a, FL 34232	Sarasota, FL	34232					
Principal Place of Business 3. Mailing Address						00067800)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4 . Fi	El Number	I Ac	oplied For	
Zip	Country	Zip	Country		65-0734250	No	ot Applicable	
			Country		ertificate of Status Desired	Fee Require	ditional	
	6. Name and Address of Current I	Registered Agent	Name	7. Na	rme and Address of New Reg	istered Agent		
	Earl W., Jr. ssell Avenue		Street Add	Street Address (P.O. Box Number is Not Acceptable)				
Sarasota, FL 34232				_ -		· 		
			City			FL Zip Cod	e	
8. The above	e named entity submits this statement for	the purpose of changing its r	egistered office or re	gistered age	nt, or both, in the State of Florid	a		
SIGNATURE								
	Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE:	Registered Agent signature	required when rein	stating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW[I] F After MAY 1, 2000 Make Check Payable to					10. Election Campaign Finan- Trust Fund Contribution.	· _ •	May Be to Fees	
11.	OFFICERS AND [DIRECTORS	12.	ADD	ITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
TITLE	PT	☐ Delete	TITLE	-		☐ Change	☐ Addition	
NAME	Denny, Earl W., Jr.		NAME					
STREET ADDRESS CITY-ST-ZIP	1543 Russell Ave.		STREET ADDRESS CITY-ST-ZIP					
TITLE	Sarasota, FL 34232	☐ Delete	TITLE			Change	Addition	
NAME	VPS Denny, Lorena A.	. Delete	NAME				Audition	
STREET ADDRESS CITY-ST-ZIP	1543 Russell Ave.		STREET ADDRESS CITY-ST-ZIP		- **			
TITLE	Sarasota, FL-34232	Delete	TITLE			Change	Addition	
NAME	,		NAME					
STREET ADDRESS	·		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
name Street address :			NAME STREET ADDRESS		•			
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP		•	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME			-		
STREET ADDRESS SITY-ST-ZIP		,	STREET ADDRESS					
2011-31-211"	(CITY-ST-ZIP				- 1	

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 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:

ler ESHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR