Zip Country 5. Certificate of Status Desired \$8.75 Actions \$9.75 Actions	DOCUMENT P9700	FILED May 20, 2000 8:00 am Secretary of State				
Principal Place of Business ISO I MILLANO DRIVE 30 MILLANO DRIVE 34 100 WADUES FL 34 103 WADUE	NAPLES LIMOUS	INE, INC.		05-20-200	00 90010 047 ***1.	50.00
2. Price part 6 de Business Suite April 6 dec. Suite April 6 dec				-		
Application Place of Business 3. Mailing Address 4. FELAUTORY	1301 Milho Dava	130	1 M/1/2010 D	o H	HH91527	
2. Perincipal Place of Business Suite, Apt. #, etc. City & State City			MILANO DE			
City & State City & State City & State Country Country Country Country See C			US, PC 74/10	3		•
City & State City & State City & State Country Country Country Country See C	Suite Ant # etc	Suite Ant # etc		_		
Second S			· .			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHARUS J. SRAHAM Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City FL Zip Code City FL Zip Code City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City City FL Zip Code City FL Zip Code City Ci	Ony & State	City & State		4. FEL Number 65-674056	· L	ot Applicable
Street Address (P.O. Bax Number is Not Acceptable) CHARLES J. SRAHAM Street Address (P.O. Bax Number is Not Acceptable) Light MILLAND DRIVE City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. SIGNATURE SIGNAT	Zip Country	Zip	Country	5. Certificate of Status Desired		
Sireet Address (P.O. Box Number is Not Acceptable) Sireet Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Curren	nt Registered Agent	Nama	7. Name and Address of New	· · · · · · · · · · · · · · · · · · ·	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SiGNATURE	•			a (BO, Boy Mumbar in Not Apparatch		
A The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SiGNATURE	CHARLES J. GRI	AHAM	Street Addres	s (P.O. Box Number is Not Acceptable	ie)	
A The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SiGNATURE	1301 MILANO	DRIVE	O'h			
Signature Sign			<u> </u>		, FL	De
THE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE		it and title if applicable. (NC	DTE: Registered Agent signature requi	red when reinstating)	; DATE	
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indicated on this report or supplemental report in 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 of rustpe 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.	This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 1. OFFICERS AND THE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10. Election Campaign Fi	nancing \$5.C n.	d to Fees SIN 11 Addition Addition Addition Addition