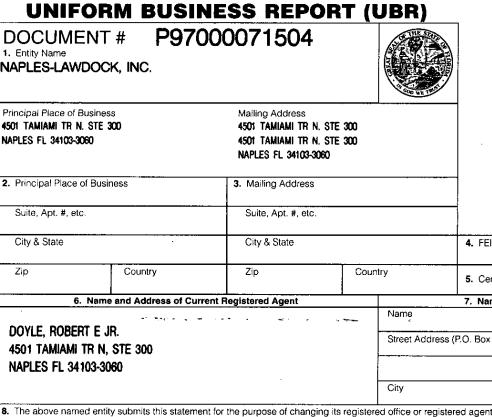
2003 FOR PROFIT CORPORATION

SIGNATURE



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90177 047 ***150.00

| ☐ CHECK HERE IF MAKING CHA | NGES | |
|--|----------------|--|
| FEI Number 59-3473846 | Applied For | |
| 39-347-3840 | Not Applicable | |
| Certificate of Status Desired \$8.75 Additional Fee Required | | |
| Name and Address of New Registered Agent | | |
| - | 1- | |

| Street Address (P.O. Box Number is Not Acceptable) | | |
|--|----|----------|
| | | |
| City | FL | Zip Code |

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. I am familiar with, and accept

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

\$5.00 May Be

9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Addition TITLE TITLE ☐ Change VΡ HUMPHREVILLE, JOHN D NAME NAME Carmichael, Kevin 4501 TAMIAMI TR N, STE 300 STREET ADDRESS STREET ADDRESS 4501 Tamiami Trail N, #300, Naples CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP FL, 34103 Delete ☐ Change Addition NAME MCMACKIN, F. JOSEPH III Doyle, Jr., Robert E. STREET ADDRESS 4501 TAMIAMI TR N, STE 300 STREET ADDRESS 4501 Tamiami Trail, N, #300 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 Naples, FL 34103 TITLE Change ☐ Delete TITLE Addition NAME MULLER, MARK H NAME Humphreville, John D ----STREET ADDRESS STREET ADDRESS 4501 TAMIAMI TR N, STE 300 4501 Tamiami Trail, N. #300 Naples, FL 34103 CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP Delete TITLE TITLE Change Addition PETERSEN, DAVID L NAME NAME Hains, Timothy G. STREET ADDRESS 4501 TAMIAMI TR N, STE 300 STREET ADDRESS 4501 Tamiami Trail, N, #300 Naples, FL 34103 CITY-ST-ZIP NAPLES FL 34103 CITY-ST-7/P TITLE Delete TITLE Chainge Addition NAME JOHNSON, KIMBERLY LEACH NAME STREET ADDRESS 4501 TAMIAMI TR N. STE 300 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP TITLE. Delete ☐ Change ☐ Addition NAME HAINS, TIMOTHY G STREET ADDRESS 4501 TAMIAMI TR N. STE 300 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP

12. Thereby 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 10 or Block 11 if of the corporation or the receiver or trystee empowered to execute this changed, or on an attachment with an address, with an other like of per-

SIGNATURE: _

DISCORDS ERT E. Digle JR