## FILED DOCUMENT # P97000108547 Jan 16, 2001 8:00 am Secretary of State CGH COMPUTER SOLUTIONS, INC. 01-16-2001 90060 006 \*\*\*150 00 Principal Place of Business Mailing Address 5000-18 HIGHWAY 17, SUITE 271 5000-18 HIGHWAY 17, SUITE 271 ORANGE PARK FL 32073 ORANGE PARK FL 32073 3. Mailing Address 2. Principal Place of Business 2000-18 Hwy 17 5000-18 Hay 19 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Pmo 27/ PMB 271 Applied For City & State 4. FEI Number City & State 59-3484027 Not Applicable ORANGE ORANGE \$8.75 Additional 5. Certificate of Status Desired 32003 32003 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUFFMAN, CHRISTINE G PMB Street Address (P.O. Box Number is Not Acceptable) 5000-18 HIGHWAY 17, SUITE 271 **ORANGE PARK FL 32073** 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. (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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE HUFFMAN, CHRISTINE G NAME NAME 5000-18 HWY 17, PMB 271 5000-18 HIGHWAY 17, SUITE 271 STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 82005-8280 CITY-ST-ZIP ORANGE PARK FL 32073-8230 CITY-ST-ZIP STD TITLE ☐ Delete TITLE HUFFMAN, ROBERT J 5000-18 HWY 17, PMB 271 NAME 5000-18 HIGHWAY 17 STE 271 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 32073-8230 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-7IP

TYPED OR PHYSTED NAME OF SIGNING OFFICER OR DIRECTOR