Mailing Address

8225 FOREGO RD

3. Mailing Address

City & State

Suite, Apt. #, etc.

DOCUMENT # P98000012046

DAWNLYN FINE ART, INC.

Principal Place of Business

PALM BEACH GARDENS FL 33418

2. Principal Place of Business

WEST PALM BEACH, FL

Suite, Apt. #, etc.

City & State

300 SOUTH DIXIE HIGHWAY

8225 FOREGO RD

<sup>Zip</sup> 3340	) /	Country US	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Fee Rec	Additional quired
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
					Name			
VASSALOTTI, NICHOLAS S 8361 SE DOUBLE TREE DR. HOBE SOUND FL 33455					Street Address (P.O. Box Number is Not Acceptable)			
HOR	E SOUND F	L 33455						İ
				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.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Tax filing requirement and elects to do so After MAY				!! FEE IS \$150.00 01 Fee will be \$550.00 ble to Department of State		10. Election Campaign Finant Trust Fund Contribution.		<b>5.00</b> May Be dded to Fees
11. OFFICERS AND DIRECTORS 12.					AD	DITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 11
TITLE	D		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Char	nge 🗌 Addition
NAME	MATTHEW			NAME				
STREET ADDRESS	8225 FOR	ego RD		STREET ADDRESS				
CITY-ST-ZIP	PALM BEA	CH GARDENS FL 334	18	CITY-ST-ZIP				
TITLE	D		☐ Delete	TITLE	ĺ		Char	nge 🗌 Addition
NAME	MATTHEW	S, RANDY		NAME				i
STREET ADDRESS	8225 FOR			STREET ADDRESS				
CITY-ST-ZIP		CH GARDENS FL 334	18	CITY-ST-ZIP				
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STREET ADDRESS				STREET ADDRESS				
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NAME				NAME			_	
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HALIE				HANC			U.I.I.	- <u> </u>

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7iP

naukow SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDY MATTHE W.S

SEC.

2/17/01 561.691.4293