FOR PROFIT CORPORATION

	MILOUM BOS	MESS REPUR	• •	ru en	
DOCU	MENT#	P980000 197	142 " CONTROL OF THE PARTY OF T	FILED	
1. Entity Nam	MENT#	TO AND REPAR		03 SEP 26 A	M11: 26
sack de art of the s				SECRETARY OF TALLAHASSEE.	F STATE
	DO NOT WRI	TEINTUIC	SDAGE		LONIDA
		ie in imio .	OFACE		
	lace of Business	3. Mailing Address			
238 より Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS S	PACE
City & State	ETON, FL	City & State		4. FEI Number 65-0822276	Applied For Not Applicable
Zip 3303	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional ee Required
<u> </u>		L		7. Name and Address of Current Registered	
	DO NOT	MOITE	Name Ame	REGLER	
		许是在"有性的是"便是"种理性的方式"实	Street Address (P.O. Box Number is Not Acceptable)	2 5-
	IN THIS	SPAUE	City		Zip Code —
R The above	named entity submits this statem	nent for the purpose of changing	MIA	ed agent, or both, in the State of Florida. I am fa	miliar with, and accept
	ions of registered agent.	THE LANGUAGE OF CHANGING	and include of register	ed agent, or both, in the state of Honga. Fair fa	irilliai with, and accept
SIGNATURE .	Signature, typed or printed name of registers	De 1	NOTE: Registered Agent signature required	when reinstating) GATE/	<u>/03</u>
	nuary 1 - May 1 Pee is \$150.0 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Departme			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.		AND DIRECTORS			
TITLE NAME	23825 SW	ns P.D.	NAME.		
STREET ADDRESS CITY-ST-ZIP	PRINCE TON,	AC 33032	STREET ADDRESS CITY ST-ZIP		
TITLE			ITILE		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	4000236688: 10/09/0301065001	4.4 **70.00
TITLE .			TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY: ST-ZIP	DO NOT WRI	re ·
TITLE			TIFLE	IN THIS SPAC	NE -
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP	<u></u>	<u> </u>	CITY-ST-ZIP-		
TITLE NAME			TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY ST-ZIP		Van de de la companya
TITLE			aim:		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADORESS CITY ST. ZIP	D	
indicated of the corp	on this report or supplemental rea	port is true and accurate and the e empowered to execute this re	for the exemption stated in Se	ction 119.07(3)(i), Florida Vatutes, I further certificame legal effect as if made under oath; that I an 17, Florida Statutes; and that my name appears	n an officer or director

(365)254-411 Daytime Phone # SIGNATURE: