Requester's Name City (Strip Phon #) D 3 6 6 9 4

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1(Corporation Name)	(Document #)
2(Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4(Corporation Name)	500003304445 9 -06/26/0001095005 *****35.00 *****35.00
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Directory Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 30, 2000

DARLENE STEWART P.O. BOX 531 WHITE SPRINGS, FL 32096

SUBJECT: MAYFIELDS, INC. Ref. Number: P98000036694

We have received your document for MAYFIELDS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please call in reference to your form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain Corporate Specialist

Letter Number: 600A00046307

AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: May fields Inc.
2. The mailing address of the corporation is: 5329 Village Walket
Wesley Chapel F1 33545
3. Date of incorporation/qualification: 4/20/98 Document number: P9 8 0000 3 6 6 9 4
4. The name and address of the current registered agent and office:
Chuck Harder
RR 1 Box 2002
White Sories F1 32096
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Daclene A. Stenkert. (New Goods) Charles
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) Oallene A. Stenent. P.U. Box 531 5329 Village market wesly Chape
White Speines \$130094 33543
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board
(Signature of an officer, chairman of vice chairman of the board)
Darlens A. Stewart (President.) (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete in performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Typed or Printed Name) (Capacity)

* * * FILING FEE: \$35.00 * * *