## 2/:

		<del></del>	NESS REPOI	RT (UBI	R)	FILED Mar 07, 2001 8:00 ar	~	
DOCUMENT # P9800045598  1. Entity Name SARAH A. THEISS, P.A.						Secretary of State 02-05-2001 90092 016 ***150.00		
Principal Plac 830C MEADOW NAPLES FL 341	LAND DRIVE	s	Mailing Address 830C MEADOWLAND DRIVE NAPLES FL 34108	•				
2. Principal F 7003 Suite, Apt.	BURNT	SIENNA CIÈCL	3. Mailing Address  7003 BURNT Suite, Apt. #, etc.	SIENNA C	₩CrĒ	DO NOT WRITE IN THIS SPACE		
City & Stat	LES	FL	NAPLES	FL		4. FEI Number 65-0841093 Applied For Not Applicable		
翌41	09	Country and Address of Current R	34109	Country		5. Certificate of Status Desired S8.75 Additional Fee Required  7. Name and Address of New Registered Agent		
8300	SS, SARAH	A LAND DRIVE		Name Street A	£155.			
		· · · · · · · · · · · · · · · · · · ·				LES FL 74/09		
SIGNATURE	Signature, typad	y submits this statement for or printed name of registered agent er ible to satisfy its Intangible	d title if applicable. (NOTE: F	egistered office of Registered Agent signal	ure required wh			
Tax filing requirement and elects to do so.  (See criteria on back)  After MAY 1, 2001  Make Check Payable					t of State			
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT THEISS, S 830C ME/ NAPLES F	NDOWLAND DRIVE	Detete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	7461	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  155, SARAH A.  B BURNT S/ENNA CIRCLE  PUES FZ 34/09		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		7	Delete .	-TITLE- NAME "Street address" City-St-Zip	-	. Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	٠	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
indicated of the cor changed	l on this repo rporation or ti l, or on an att	rt ar europlementel report is t	rue and accurate and that my vered to execute this report as	gianatura shall h	ave the sar	ion 119.07(3)(i). Florida Statutes. I further certify that the information me legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or Block 12 if  21.28101  941-592-9029		
SIGNAT	UNE: _	SIGNATURE AND TYPED OR PR	NTED NAME OF SIGNING OFFICER OF	DIRECTOR		Date Daylina Phone i		