Principal Place of Business

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-2IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Malling Address

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SECRETATA OF STATE TALLAMASSEE, FLORIDA



4755 PINE ISLAND ROAD 4755 PINE ISLAND ROAD MATLACHA FL 30990 MATLACHA FL 33993 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 06/12/1998 2. Principal Place of Business 2a. Mailing Address Applied For. 5801 Maple Brook Dr. Suite, Apt. #, etc. 65-04301 21 Not Applicable Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing midlothian Va [33] Trust Fund Contribution Added to Fees Zip Country Z_(D) 8. This corporation owes the current year intangible 29 23112 USA 25 24 Personal Property Tax. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KALATA, STEVEN 82 Street Address (P.O. Box Number is Not Acceptable) 4755 PINE ISLAND ROAD MATLACHA FL 33993 83 Zip Code 11. Fursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable [NOTE Regulated Agent Signature respirate indentificating CR2E034 (11/98) 12. OFFICERS AND DIRECTORS AUDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TIRE Change Addition D TITLE KALATA, STEVEN NAME 1.7 NAME 5801 maple Brook DV STREET ADDRESS 4755 PINE ISLAND ROAD 13 STREET ADORESS MATLACHA FL 33993 Midlothian, Vac 23/12 CITY-51-21P 14 C/TY-5T-2)P Change PAddition () DELETE TITLE SITTLE NAME 2.2 NAME Arlene A. Kalata Stolmaple Brook Dr Midlothian. Va 23112 2 3 STREET AODRESS STREET ADDRESS CITY-ST-7/P 2 4 City-ST-ZIP DELETE Change Addition 3.1 T/LE 3 2 NAME NAME STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP City-ST-ZIP

6.4 C/TY-ST-ZIP OTY-ST-ZIP 14. Thereby cartify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on links annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4 TITLE

4 2 NAME 4.3 STREET ADDRESS

SITTLE

52 NAME

6 1 TITLE

B 2 NAME

4.4 CITY-ST-ZIP

5 3 STREET ADDRESS

0.3 STREET ADDRESS

54 CITY- \$1-71P

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DELETE

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SIGNATURE:	BUNATURE AND TYPED OF PRINTED NAME OF MIGHING OFFICER OR BRECTOR	Ļ
	BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIDECTOR	

Change

Change

Addition

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