AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC 13 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000102317

1. Entity Name

T3 LINK, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
914 West 26th Street	9925 Naynes Bridge Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 224
City & State: Lynn Haven, FL	City & State: Alpharetta, GA
Zip: 32444 Country: US	Zip: 30022 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 429581279 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: James Murphree

Street Address (P.O. Box Number is Not Acceptable): 914 West 26th Street

City: Lynn Haven FL Zip Code: 32444

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: James Murphree JAMES MURPHREE 12/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	James Murphree
STREET ADDRESS	914 West 26th Street
CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE	C
NAME	Tom Murphree
STREET ADDRESS	914 West 26th street
CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E034R (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: James Murphree JAMES MURPHREE 12/10/02 678 624 9787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #