2003 FOR PROFIT CORPORATION

1. Ently Asince ENFM USA, INC. Principal Pace of Business 1339 E DISTRIBUTION AVE 1339 E	2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FIL Aug 06, 20	FILED Aug 06, 2003 8:00 am Secretary of State	
1339 E. DISTRIBUTION AVE JACKSONNILE FL 22258 3. Mailing Address Suite, Apr. 4, etc. Suite, Apr. 4, etc. City & State	DOCU 1. Entity Nam	MENT #						
Sulfe, Apt. 8, etc. City & State Current Sulfe, Apt. 6, etc. City & State Current Application Appli	11339 E. DISTRIBUTION AVE.			9 E. DISTRIBUTION AV	Æ.		I MANG BANDA MINI HARIK BINAK ISAN HARI	
City & Sisto Ci	2. Principal Place of Business			3. Mailing Address				
Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required	Suite, Apt. #, etc.			Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
S. Certificate of Statuta Desired X Fee Required T. Name and Address of New Registered Agent WHITEMAN, BRIAN 11339 E. DISTRIBUTION AVE. JACKSONVILLE FL 32256 City FL Zip Code 8. The above named only sybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of professed agent. SIGNATURE Supplies Now Will FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DONCERVOORT, HANS SIGET ADDRESS CITY-ST-2P TILE MAKE STREET ADDRESS CITY-ST-2P TILE CRAPPE ADDRESS CITY-ST-2P TILE MAKE STREET ADDRESS CITY-ST-2P CRAPPE ADDRESS CITY-ST-2P TILE MAKE STREET ADDRESS CITY-ST-2P CRAPPE ADDRESS CITY-ST-2P CRAPPE ADDRESS CITY-ST-2P CRAPPE ADDRESS C		le				4. FEI Number 06-1159217		
WHITEMAN, BRIAN 11339 E. DISTRIBUTION AVE. JACKSONVILLE FL 32256 Chy FL Zip Code 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. I am familiar with, and accept the colligiations of profit epid agent. SIGNATURE Supports fried up remarked supported agent. SIGNATURE Supports fried up remarked supported agent are size if applicable. ONTE-Registered Agent supporte required when networking) PRILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS TO THE OFFICERS TO OFFICERS AND DIRECTORS 11. ADDITIONS TO THE OFFICERS TO OFFICERS AND DIRECTORS 11. ADDITIONS TO THE OFFICERS TO OFFICERS AND DIRECTORS 11. ADDITIONS TO THE OFFICERS TO THE OFF	Zip				Country		Fee Required	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Add	ress of Current Registers	ed Agent	N	7. Name and Address of New Registe	ered Agent	
### Company of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the obligations of the obligations of the obligations or purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the obligations or purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or purpose of change agent, or both, in the State of Florida. I am familiar with, and accept the obligation of	WHITEMAN RRIAN					ddress (P.O. Box Number is Not Acceptable)		
6. The above named ently submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of perfect larger agent. SIGNATURE Signature Signature Signature perfect Signature						10 (1.0. 00) 10 110 110 10 10 10		
B. The above named entry submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of purpose of eight agent. RISINATURE RISINATURE	JACKSONVILLE FL 32256				Cit		Tin Codo	
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### After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State ### 10.	the obligat	tions of regulatered age	Brin	N Whitenan	Vie Presiden	ונ ממחקרות אינ		
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SASTATURE REQUIRED SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #