NAMÉ STREET ADDRESS CITY-ST-ZIP Delete	DOCU	JMENT# P9900001	8504	<u> </u>	,O ,Rj	V	FIL May 21, 20 Secretary 05-21-2001 9040	001 8:0 y of Sta	ate
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Do Not WRITE IN THIS SPACE Davie, P. P. I. Cry & State Davie, P. P. I. Country 33314 Broward 6. Name and Address of Current Registered Agent To Name DIVETO, CHARLES M., JR. 7425 N.W. 4TH STREET PLANTATION R. 33317 City FL Zo Code 8. The above named onely submits this statement for the purpose of changing is registered agent, or both, in the State of Florica. Signature City FL Zo Code 8. The above named onely submits this statement for the purpose of changing is registered agent, or both, in the State of Florica. Signature City FL Zo Code 8. The above named onely submits this statement for the purpose of changing is registered agent, or both, in the State of Florica. Signature City FL Zo Code 8. The above named onely submits this statement for the purpose of changing is registered agent, or both, in the State of Florica. Signature City FL To Code Signature City FL Zo Code Signature City FL Zo Code Signature Signature Registered Agent This corporation is sligible to stately its Intangible Take fing requirement and elects to do so. Signature Registered Agent sortation founds are registered agent, or both, in the State of Florica. Signature Registered Agent FL Zo Code Signature Registered Agent FL Zo Code Signature Registered Agent FL Zo Code Signature Registered Agent This corporation is sligible to stately its Intangible Take fing requirement and elects to do so. Signature Registered Agent sortation founds are registered Agent sortation founds are registered Agent and the State State of Florica. Signature Registered Agent sortation founds are registered Agent and the State State State of Florica. Signature Registered Agent sortation for Registered Agent and the State State State of Florica State of Flori	Principal Pla	ice of Business	7425 N.W. 4TH STREET						
Suite, Act 4, etc. Cry A State David P. D. Brows C. County S. Certificate of Standar Desired Sta75 Accessoral Part Actions 2 and 33 14 Brows C. Current Registered Agent Sta75 Accessoral Part Actions 2 and 33 14 Brows C. Current Registered Agent Sta75 Accessoral Part Actions 2 and 33 14 Brows C. Current Registered Agent Name and Address of New Address of New Registered Agent Name and Address of New Agent Name and Address of New Registered Agent Name and Add	2. Principal	Place of Business	3. Mailing Address			4			
City & State Day 1 e PT	4121 SW 70 Terrace						20 VOT WOOD 10 THE COLUMN		
Direct Actives of Country Zo South Sou	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
20 Courty Zip Courty S. Certificate of Status Desired SA. 7.5 According to Provide the Proposed of Sa. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent DIVETO, CHARLES M., JR. 7425 N.W. 4TH STREET Several Address of New Registered Agent Name Several Address (P.O. Box Number is Not Acceptable) Cay FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florica. SIGNATURE Courte Court			City & State	& State			•	-	
S. Name and Address of Current Registered Agent Name	Žip	Country	Zip	Zip Country		T .			Additional
DIVETO, CHARLES M., JR. 7425 N.W. 4TH STREET PLANTATION FL 33317 City FL Zio 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 Florics. SIGNATURE After MAY 1, 2001 Fee will be \$550.00 Make check Payable to Department of State After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Agent Advances CITY 51-2P TILE SIGNATURE SIGNAT	33314		Registered Agent	L					uired
Street Accress (P.O. Sox Number is Not Acceptable) City	DRIETO CHADISC M. IO				Name				
8. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florica. SignaTure	7425 N.W. 4TH STREET				Street Addres	Address (P.O. Box Number is Not Acceptable)			
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				<u> </u>	Cit.				0
SIGNATURE Description is eligible to satisfy its Intangible STRET ADDRESS Description is eligible to satisfy its Intangible After MAY 1, 2001 Fee will be \$550.00								FL ²⁰	Coce
TITLE TI	Tax filing (See crite	requirement and elects to do so.	Make Check Payab	01 Fee wil ie to Depa	ll be \$550.00	ate	Trust Fund Contribution.	. G A	ided to Fees
NAME STREET ADDRESS CITY-ST-2P TITLE TITLE TIT		GI TI GALLO ALLO			Di				
ITTLE Delete ITTLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP Change Addition Ad	NAME STREET ADDRESS CITY-ST-ZIP			STREET A	ODRESS 412	21 8	SW 70 Terrace	,	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Acdition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP The Componential 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 componation or the receptive or trustee emprowered to gwedule Mis report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or Block 12 if	TITLE NAME STREET ADDRESS CITY-ST-ZIP				DORESS			☐ Char	ig e 🗔 Adartián
NAME SPREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET A	•			☐ Char	ge 🔲 Addition
TREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE JUME STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition Change Addition The STREET ADDRESS CITY-ST-ZIP The STREET ADDRESS CITY-S	TITLE NAME SEREET ADDRESS CITY-ST-ZIP		☐ Celete	NAME STREET A	ı	_		☐ Char	ge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP 13. 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 suppliemental 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 engagemental report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of chapter 607, Florida Statutes; and that my name appears in Block 12 of chapter 607.	Kare Hame Street Address City-St-Zip		☐ Oeleta	name Street al				Char	ge 🗀 Addition
of the corporation or the receiver or trustee employers true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	TITLE NAME STREET 400RESS CITY - 31 - 21P			HAME STREET AS CITY-ST-	ZIP				
\ \ \arr \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of the con	poration or the receiver or trustee empo	true and accurate and that my wered to execute this report a	the exempt y signature is required	ion stated in S shall have the by Chapter 60	ection same 7, Flori	legal effect as if made under oa ida Statutes; and that my name a	th; that I am an off appears in Block 1	t or Block 12 if

G OFFICER OR DIRECTOR