International and the strength of the strength	DOCU 1. Entity Name	MENT # <b>P990000</b>			UDR)		F May 03, Secret: 05-03-2000		0 8:0 of Sta	
VERD BEACH FL 2582     VERD BEACH FL 2582-1646       2. Principal Place of Business     3. Mailing Address       Sure, Apl. F. etc.     Sure, Apl. F. etc.       City & State     City & State       7.9     Country       8.     Name       8ERPAY, LOUIS 653 87H COURT VERO BEACH FL 32962       City     FL       City     FL       7.9     Country       7.9     Country       8.     The above named entity submits this atsoment for the subsect of changing its registered dyon, or both, in the State of Flort EL       8.     The above named entity submits for states at subsect       8.     The above named entity submits for states at subsect       8.     The above named entity submits for states at subsect       8.     The above named entity submits for states at subsect       8.     The above named entity submits for states at subsect       8.     The above named e	Principal Place			00 00 2000		100				
Sume_Apt #, etc.     Suite. Apt #, etc.     Do NOT WRITE IN THIS SPACE       Zip     Country     Zip     Country     Zip       Zip     Country     Zip     Country     Zip       BERRY, LOUIS     Site Address of Current Registered Agent     I. Name and Address of Current Registered Agent     I. Name and Address of New Registered Agent       BERRY, LOUIS     Site Address of Current Registered Agent     I. Name and Address of New Registered Agent     I. Name and Address of New Registered Agent       WERD EACH H, 32992     City     FL     Zip Code       BERRY, LOUIS     Street Address (PO, Biox Number is Not Acceptable)     Event Address of New Registered Agent       VERD EACH H, 32992     City     FL     Zip Code       Bit no above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Flort a.     SIGMAINE       SIGMAINEE     Gotter Base of Agent Ag			-	646						
City & State       City & State       4. FEI Number (b5_00916009       Applied For (b5_00916009         Zp       Country       Zp       Country       Zp       Country       State       4. FEI Number (b5_00916009       State Address (b7_000000000000000000000000000000000000	2. Principal Pl	lace of Business	3. Mailing Address							
Control     Country     Country <thcountry< th=""> <thcountry< th=""> <thcountry< th=""></thcountry<></thcountry<></thcountry<>	Suite, Apt.	#, etc.					DO NOT WR	ITE IN THIS	SPACE	
Zp         Country         Zp         Country         s. Certification of Status Desired         \$8.75         Additional Fee Required           E. Name and Address of Ournal Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           BERRY, LOUIS 653 87H COURT VERO BEACH FL 32962         Street Address (PD. Box Number is Not Acceptable)         Street Address (PD. Box Number is Not Acceptable)           Street Address (PD. Box Number is Not Acceptable)         Street Address (PD. Box Number is Not Acceptable)         Street Address (PD. Box Number is Not Acceptable)           Street Address (PD. Box Number is Not Acceptable)         Street Address (PD. Box Number is Not Acceptable)         Street Address (PD. Box Number is Not Acceptable)           Street Address (PD. Box Number is Not Acceptable)         Street Address (PD. Box Number is Not Acceptable)         Street Address (PD. Box Number is Not Acceptable)           Street Address (PD. Box Number is Not Acceptable)         Street Address (PD. Box Number is Not Acceptable)         Street Address (PD. Box Number is Not Acceptable)           Street Address (PD. Box Number is Not Acceptable)         Street Address (PD. Box Number is Not Acceptable)         Street Address (PD. Box Number is Not Acceptable)           Street Address (PD. Box Number is Not Acceptable)         Street Address (PD. Box Number is Not Acceptable)         Street Address (PD. Box Number is Not Acceptable)           Street Address (PD. Box Number is Not Acceptable)	City & State	e				4. FEI Number /25 · 09 2/2009				
BERRY, LOUIS 653 STR LOURT VERO BEACH FL 32962     Name       Street Addrass (PO. Box Number is Not Acceptable)     Street Addrass (PO. Box Number is Not Acceptable)       City     FL     Zip Code       8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.     State of Addrass (PO. Box Number is Not Acceptable)       SIGNATURE     Spanse space registered agent, or both, in the State of Florida.     State of Addrass (PO. Box Number is Not Acceptable)       Signame Space registered agent, or both, in the State of Florida.     State of Addrass (PO. Box Number is Not Acceptable)     Date       Signame Space registered agent, or both, in the State of Florida.     State of Addrass (PO. Box Number is Not Acceptable)     Date       Signame Space registered agent, or both, in the State of Florida.     State of Addrass (PO. Box Number is Not Acceptable)     Date       Signame Space registered agent, or both, in the State of Florida.     Make Check Payable to Department of State     In. Election Completion Florida.     State of Addrass (PO. Box Number is Not Acceptable)       Name     Defecter A florida.     State florida.     In. Election Completion Florida.     State florida.       Nint     Defecter A florida.     State florida.     In. Election Completer florida.     State florida.       Nint     Defecter A florida.     State florida.     In. Election Completer florida.     In. Election Completer florida.	Zip	Country	Zip	Countr	ту					
BERRY, LOUIS 623 8TH COURT VERO BEACH FL 32662  Street Address (PC). Box Number is Not Acceptable)  Chy FL 2ip Code  Chy FL		6. Name and Address of Current Re	egistered Agent		Name	7. N	lame and Address of New	Registered	Agent	
City         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 Florda.         SIGNATURE         DATE           SIGNATURE         Strainin, rippol or pretectione of registered agent vol the facebulke.         INOTE flagstered Agent speaker expelled when releasting)         DATE           9. This corporation is eligible to satisfy its intangible (See other in back)         Straining requirement and elects to do so.         Atter MAY 1, 2000 Fee will be \$550.00 Make Check Peysbels to Department of State         10. Election Campaign Financing Trust Fund Contribution.         \$5.00 May Be Added to Fees           11.         OFFICERS AND DIRECTORS         12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           TITE         OFFICERS AND DIRECTORS         12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           TITE         USED EVERT         Delete         TITE         Make Strain Agent agents         Change Addelia           STRET ADDRESS         CIT: 51-20         TITE         Change Addelia         Addelia           STRET ADDRESS         CIT: 51-20         CIT: 51-20         CIT: 51-20         CIT: 51-20           TITE         Delete         TITE         Make STRET ADDRESS         CIT: 51-20         CIT: 51-20           TITE         Delete         TITE <td colspan="3">653 8TH COURT</td> <td></td> <td></td> <td colspan="4">s (P.O. Box Number is Not Acceptable)</td>	653 8TH COURT					s (P.O. Box Number is Not Acceptable)				
	VERC	) BEACH FL 32962			City			FI	Zip Cod	
SIGNATURE	0 The should	named anlity symptotic this statement for t		e registera	d office or regis	tered and	ant or both in the State of E		•	
(See criteria on back)       Imake Check Payable to Department of State       Index on Social Addition (Section 1000)         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         TITLE       Datas       The Change       Addition (Section 1000)         WAKe       Datas       The Change       Addition (Section 1000)         STREET ADDRESS       USE A CL       Datas       Street Address         USE A CL       Street Address       Street Address       Change       Addition (Section 1000)         STREET ADDRESS       USE A CL       3246 Z       OTY-ST-2P       Change       Addition (Section 1000)         STREET ADDRESS       USE AS Street CL       Street Address       Street Address       Change       Addition (Section 1000)         STREET ADDRESS       USE AS Street CL       Street Address       Change       Addition (Section 1000)         STREET ADDRESS       CTX-ST-2P       CTX-ST-2P       CTX-ST-2P       CTX-ST-2P         TITLE       Delete       TTTLE       Change       Addition (Section 1000)         STREET ADDRESS       CTX-ST-2P       CTX-ST-2P       CTX-ST-2P       CTX-ST-2P         TITLE       Delete       TTTLE       Change       Addition (Section 1000)         STREE	9. This corpo	pration is eligible to satisfy its intangible	FILE NOW	/!!! FEE	S \$150.00		10. Election Campaign F	nancing		
TITE       Peessibe at Louis Beegus       Change       Addition         NAME       STREET ADDRESS       STREET ADDRESS       Change       Addition         STREET ADDRESS       USERD BOLN FL 32962       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         TITLE       UILE PRESS INEERT       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       GS3 Std. CT       Change       Addition         NAME       TITMOT MIL BEERBALL       STREET ADDRESS       CITY-ST-2P       CITY-ST-2P         TITLE       USERD BC.N FL 32.946.2       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         TITLE       Delete       TITLE       Addition         NAME       STREET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         TITLE       Delete       TITLE       Addition       Addition         NAME       STREET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         TITLE       Delete       TITLE       MAME       Change       Addition         NAME       STREET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         TITLE       Delete       TITLE       NAME       STREET ADDRESS <td< td=""><td>(See criter</td><td>ia on back) 🛛 🗡 🐰</td><td></td><td></td><td>partment of S</td><td></td><td></td><td></td><td></td><td></td></td<>	(See criter	ia on back) 🛛 🗡 🐰			partment of S					
Intel       Ordered       Intel       Intel       Intel       Intel         NAME       STREET ADDRESS       CITY-ST-2IP       Intel       Intel       Intel         NAME       Intel       Intel       Intel <td>TITLE NAME STREET ADDRESS</td> <td>President Louis Berry 653 84 ct</td> <td>. Delete</td> <td>title Name Stree</td> <td>T ADDRESS</td> <td>AD</td> <td>DITIONS/CHANGES TO OF</td> <td></td> <td></td> <td>Addition</td>	TITLE NAME STREET ADDRESS	President Louis Berry 653 84 ct	. Delete	title Name Stree	T ADDRESS	AD	DITIONS/CHANGES TO OF			Addition
TITLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITV-ST-ZIP       Change       Addition         TITLE       Delete       TITLE       Change       Addition         NAME       Delete       TITLE       Change       Addition         NAME       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITV-ST-ZIP       Change       Addition         NAME       STREET ADDRESS       CITV-ST-ZIP       Change       Addition         TITLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITV-ST-ZIP       Change       Addition         TITLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITV-ST-ZIP       Change       Addition         TITLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITV-ST-ZIP       Change       Addition         TITLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITV-ST-ZIP       Change       Addition	NAME STREET ADDRESS	TIMOTHY BEREY		NAME	T ADDRESS	-			Change	Addition
NAME     NAME       STREET ADDRESS     CITY-ST-ZIP       CITY-ST-ZIP     Delete       TITLE     Delete       NAME     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP       CITY-ST-ZIP     Delete       TITLE     Delete       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP       TITLE     Delete       TITLE     Delete       STREET ADDRESS     CITY-ST-ZIP       CITY-ST-ZIP     CITY-ST-ZIP       TITLE     Delete       NAME     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP       TA. 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 of 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 Block 12 i	NAME STREET ADDRESS			NAME STREE	T ADDRESS				🗋 Change	Addition
NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		Delete	NAME	T ADDRESS				🗌 Change	Addition
TITLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       Intereby 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 Block 12 in Bloc	NAME STREET ADDRESS		Delete	NAME	T ADDRESS				🗋 Change	Addition
indicated on this report or supplemental report is 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 i	TITLE NAME STREET ADDRESS		Delete	NAME	T ADDRESS				🗋 Change	Addition
	indicated of the cor	on this report or supplemental report is to poration or the receiver or trustee empow	ue and accurate and that ered to execute this repor	: my signati rt as require	ure shall have th	he same i	lenal effect as it made undei	oath: that L	am an officer	or alrector