| Principal Place of Business 400 N PEDRAL HWY. STE 201 500 A MATION FL 2001 2. Principal Place of Business Sulfa, Apr. R. etc. Sulf | Entity Nan | MENT L W. HILL | # P990001 ., p.a. | | FILED Jan 12, 2001 8:00 am Secretary of State | | | | | | | | |
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| Zip Country Zip Country 5. Certificate of Status Dosirod St. Additional Fair Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 4000 N FEDERAL HWY, STE 201 60CA RATON R. 33431 Sitest Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In the State of Florida. SIGNATURE Registered office or registered agent, or both. In | Suite, Apt. | #, etc. | | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| Since Address of Country Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, or the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, or the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, or the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, or the State of Florida. 8. The above named entity submits interaginize agent at car if agencies. 9. This corporation is official to satisfy its Interaginize agent at car if agencies. 9. This corporation is official to satisfy its Interaginize agent at car if agencies. 9. This corporation is official to do to State agencies. 9. The Country of the State agencies agent at car if agencies. 9. The New III to State agencies agent agent at car if agencies. 9. The New III to State agencies agent at car if agencies. 9. This corporation is official to do to State agencies. 9. This corporation is official to do to State agencies. 9. The New III to State agencies agent agencies at a segment agencies and the state agencies. 9. This corporation is official to do to State agencies. 9. This corporation is official to the State agencies agent agencies agen | City & Stat | e | · · · | City & State | | | 4. FEI | Number 65 | -0970142 | 1 | | · · · |] |
| HILL, MICHAEL W 4000 N FEDERAL HWY, STE 201 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 Symme and Address of New Registered Agent Cay FL Zop Code Cay FL Zop Code Cay FL Zop Code Cay FL Agents Address (P.O. Biox Number is Not. Acceptable) Cay FL Zop Code Cay FL Zop Code Cay FL Zop Code Cay FL Agents Address (P.O. Biox Number is Not. Acceptable) Cay FL Zop Code Cay FL Zop Code Cay FL Agents Address (P.O. Biox Number is Not. Acceptable) Cay FL Zop Code Cay FL | Zip | | Country | Zip | ntry | 5. Ce. | rtificate of Statu | s Desired | | 8.75 Ad | ditional | 1 | |
| Name | 6 Name and Address of Curren | | | Registered Agent | 1 | | | | | | <u>∍d</u> | | |
| A000 N FEDERAL HWY, STE 201 BOCA RATON FL 33431 6. 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 Signature, injuded or prived name of injudenced agent and its if applicative. (NOTE florigitured Agent Spatial Injudence) (| | | | | | Name | | | | | | | 1 |
| 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 Signative typed or prized near of registered agent are use it approache. (POPTE Registered Agent sprake) (| | | | والهراميان يهتمون أأواه المستنفعة فيصيفهم الربيهيد الأهران | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MWE 11. MILL MICHAEL 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MWE 11. MILL MICHAEL 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MWE 11. MILL MICHAEL 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MWE 11. MWE 11. MWE 11. MWE 11. MILL MICHAEL 11. MORES 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MWE 11 | BOC | A RATON I | FL 33431 | | | | | 2.00 | | | | | |
| SIGNATURE Sometime, typed or printed name of registered agent and clear is applicable. (NOTE Registered Agent signature retained when rentrating) (DATE (DATE | | | | | | City | | | | FL | Zip Cod | le | 1 |
| Signature. yearly or prised ranno of registered upon and signature. Signature in Si | 8. The above | named entit | y submits this statement for | the purpose of changing i | its register | I ed office or regist | tered agen | t, or both, in the | State of Flor | rida. | | | 1 |
| Signature. yearly or prised ranno of registered upon and signature. Signature in Si | | | | | | | | | | | | | |
| Tax filing requirement and elects to do so. (See criteria or back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. | SIGNATURE . | Signature, typed | or printed name of registered agent a | nd true if applicable. (NO | OTE: Registere | d Agent signature require | red when reins | tating) | | DATE | | | |
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1. Entity Name