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### PD. DOX E279 CESTIN P. 22541 Solins, Apt. #, etc. City & States City &	1. Entity Nam	ne			}								
2. Principal Place of Business	402 BAY OAK	CS .	3		P.O. BOX 6279	<u> </u>				ប្រាប់	,,,,,		
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Both Address of Current Registered Agent	City & State	e			City & State				. FEI Numbe	59-307614	13		
WALDROP, THOMAS B., JR. 402 BAY OAKS PO BOX 6278 DESTIN FL 22541 E. 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 of privacy and a registered agent, or both, in the State of Florida. FL 25 26 55 O After Saptember 12, 2001 Fee will be \$750.00 After Saptember 20, 2001 Fee will be \$750.00 After Saptember	Zip	& Name		Current Re		Coun	try				Fee	Require	
SIGNATURE Strict corporation is eligible to catlety its Intang ble Tax filling requirement and elects to do so. Arter September 12, 2001 Fee will be \$750.00	402 BAY (PO BOX 6	0aks 3278	B., J.R.				Street Add		' 	e is Not Accepta		Zip Cod	\$550
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NAME STREET ADDRESS STRY-ST-ZIP ST. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.	IAME STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·	☐ Delete	NAME STREE	ET 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 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 if changed, or on an attachment with an address, with all other like empowered.	IAME Treet adoress	· · · · · · · · · · · · · · · · · · ·			☐ Delete	NAME STREE	T ADDRESS					Change	Addition
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