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RY, INC.				
	V36966			

Zip Country Zip Country 5. Certificate of Status Desired Service Agent 7. Name and Address of New Registered Agent 7. Name and Address 0. New Registered Agent 7. Name 2.						0,00,000	.,,	100	
2. Principal Place of Business Suito, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Country Country Country Country Country Suite Suit	9020 LIBBY N	IO 3 RD	P.O. BOX 120054	0054					
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City & State Country City Country City S. Certificate of Status Desired Foo Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent City FL Zip Code City FL Zip City City FL Zip City FL Zip City City City City City City City C	Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE II	N THIS SPA	ACE	
Zip Country Zip Country 59-3125158 S.75 Add F.75	City & Sta	te	City & State		4.5	TI Number			oplied For
8. Name and Address of Curront Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. COTT, NORMA R. 9020 LIBSY NO 3 RD CLERMONT FL 34711 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 Florida. 9. This concoration is eligible to saistly its Intangible Tax filling requirement and elects to do so. (See orieria on back) 11. OFFICIENS AND DIRECTORS TILL Make Check Payable to Department of State SOOTT, G.W. SIRET ADDRESS OTTY-ST-2P STOTT CLERMONT FL 34711 TILE SOOTT, G.W. SIRET ADDRESS OTTY-ST-2P STOTT CLERMONT FL 34711 TILE SOOTT, G.W. SIRET ADDRESS OTTY-ST-2P STOTT CLERMONT FL 34711 TILE SOOTT, G.W. SIRET ADDRESS OTTY-ST-2P STOTT CLERMONT FL 34711 TILE SOOTT, G.W. SIRET ADDRESS OTTY-ST-2P STOTT CLERMONT FL 34711 TILE SOOTT, G.W. SIRET ADDRESS OTTY-ST-2P STOTT CLERMONT FL 34711 TILE SOOTT, G.W. SIRET ADDRESS OTTY-ST-2P STOTT CLERMONT FL 34711 TILE STOTT CLERMONT FL 34711 TILE SOOTT, G.W. SIRET ADDRESS OTTY-ST-2P STOTT CLERMONT FL 34711 TILE SOUTH, ST-2P TILE SOUTH,				7 .	4	59-3125158			ot Applicable
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SCOTT, NORMA R. 9020 LIBBY NO 3 RD CLERMONT FL 34711 City FL Zip Code City FL Zip Code City FL Zip Code 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 triing/requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS TILE PO OFFICERS AND DIRECTORS TILE SCOTT, GW. SIRET ADDRESS OCITY-ST-2P CLERMONT FL 34711 TILE STO CLERMONT FL 34711 Detele TILE SOOU LIBBY NO 3 RD CLERMONT FL 34711 CHANGE SOOU LIBBY NO 3 RD CLERMONT FL 34711 CHANGE SOOU LIBBY NO 3 RD CLERMONT FL 34711 CHANGE STREET ADDRESS CITY-ST-2P TILE STO CLERMONT FL 34711 CHANGE STREET ADDRESS CITY-ST-2P TILE STREET ADDRESS CITY-ST-2P CHANGE STREET ADDRESS CITY-ST-2P CHANGE STREET ADDRESS STREET ADD		6. Name and Address of Curren	t Registered Agent	Name	7. N	lame and Address of New Regi			
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE Signature, byest or priced agent and little if spoklastile. 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS ITILE SOUTH, G.W. STREET ADDRESS DOTH, S.J. Zip CLEMIONT FL 34711 TILE SOUTH, ORNAR R. STREET ADDRESS CITY-ST-Zip TILE SOUTH, NORMA R. STREET ADDRESS CITY-ST-Zip TILE SOUTH, SATATI CLEMIONT FL 34711 TILE STREET ADDRESS CITY-ST-Zip TILE STREET ADDRESS CITY-ST-Zi	SCOTT, N	IORMA R.			(2.0.0				
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		• • •		Street Addr	ress (P.O. B	ox 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	CLERMON	IT FL 34711							
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or prended name of registered agent and late if applicable. (INDTE, Registered Agent signature required when reintating) P. This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) P. OFFICERS AND DIRECTORS ITILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added Make Check Payable to Department of State SCOTT, G.W. 9020 LIBBY NO 3 RD CLERMONT FL 34711 CIERT ADDRESS CITY-S1-2IP CIERT ADDRESS CITY-S1-2IP CIERT ADDRESS STREET ADDRESS CITY-S1-2IP TILE MAKE STREET ADDRESS CITY-S1-2IP TILE MAKE STREET ADDRESS CITY-S1-2IP TILE MAKE STREET ADDRESS CITY-S1-2IP TILE STREET ADDRESS		•		City			FL	Zip Cod	e
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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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: