Principal Place of Business SO ALLAMTS RADO BO	FAMCAM, II	NG.					บ	Secre	tary		
Suite, Apt. #, etc. City & State	50 atlantis roai Melbourne fl 329	D	650 ATLANTIS ROAD MELBOURNE FL 32904						•		
Suite, Apt. #, etc. City & State	2. Principal Place	of Business	3. Mailing Address		_	_					
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRESE, CAPY B 9.00 S HARBOR CITY BLVD SUITE 505 MELBOURNE FL 32901 City FL Zip Code City FL Zip		Country		Cour	••••	3				No	ot Applicable
FRESE, GARY B \$30.5 NARBOR CITY BLVD SUITE 505 MELBOURNE FL 32901 Signature By The above named entity submits this sistement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE By This corporation is eligible to satisfy its intangible Task fling requirement and elects to do so. Make Check Payable 10 Department of State PRILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 This was appropriate of the second of th				Coun	.ry				L È	ee Required	
SIGNATURE: Sign S HARBOR CITY BLVD SUITE 505 MELBOURNE FL 32901 City FL Zip Code	6	S. Name and Address of Current	Registered Agent		Name	7. N	Name and Ac	Idress of New	Registered Ag	ent	
SUITE 505 MELBOURNE FL 32301 City FL Zip Code 3. The above named ontity submits this statement for the purpose of changing its registered agent, or sorth, in the State of Florida. SIGNATURE 3. This corporation is eligible to satisfy its intangible Tax fling requirement and elect to do so. (Suc orient on back) After MAY 1, 2011 Fee will be \$550.00 After MAY 1, 2			Street Address (P.O. Box Number is Not Acceptable)								
B. 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 Dignature, hips of present size of registered agent agent agent and refer insplicable.								_			
B. 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, hybel or greed name of repassed agent and site 7 significants Signature in place of present agent and site 7 significants Taking requirement and elects to do so. Marker MAY 1, 2001 Fee will be SS50.00 Make Check Payable to Department of State 11.	MELBOURNE FL 32901				City					Zip Cod	e
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Tax filing requirement and elects to do so. (See criteria or back) Make Check Payable to Department of State	SIGNATURE	ture, typed or printed name of registered agent a	nd title if applicable (NOTE	: Registered	d Agent signature requ	uired when re	einstating)		· DATE		
THE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE	Tax filing requi	rement and elects to do so.	After MAY 1, 20	01 Fee	will be \$550.0				~ ~		
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NAME STREET ADDRESS SITY-ST-ZIP TITLE AME STREET ADDRESS SITY-ST-ZIP TITLE NAME STREET ADDRESS SITY-ST-ZIP STREET ADDRESS SITY-ST-ZIP 13. 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. SIGNATURE:	IAME STREET ADDRESS		☐ Delete	NAMI STRE	ET ADDRESS		-		!	_ Change	☐ Addition
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	SIGNATUF	RE: SIGNATURE AND TYPER OF P	RINTED NAME OF SIGNING OFFICES		CHRIS	<u> ۱۳۳۲</u>	10 (PR				24.0650

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