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EVERETT, ALIDA C. 1160 99 STREET, APT. 2 BAY HARBOR ISLANDS FL 33154 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Same and Address of New Registered Agent 84 City FL 85 Zip Code 85 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617, 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Succious have authorized by the corporation's board of directors. Thereby accept the depositioner as registered agent, or both, in the State of Florida Succious Agent agent and training with, and accept the obligation of Sections 10. Section 617, 5503, Florida Statutes. SIGNATURE 90 OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ACOUTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ACOUTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ACOUTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ACOUTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ACOUTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ACOUTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS IN 12. 13. ACOUTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. OFFICERS AND DIRECTORS IN 12. 15. OFFICERS AND DIRECTORS IN 12. 16. OFFICERS AND DIRECTORS	Zip	-	Zıp		\vdash	ntry		or intangible t	ax under No	s. 199.032,
EVERETT, ALIDA C. 1160 99 STREET, APT. 2 BAY HARBOR ISLANDS FL 33154 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its ingistered office or registered agent, or both, in the State of Florida. Such change was authorized by the Durporation's board of directors. I hereby accept the appointment as registered agent, and increased the obligations of, Section 67.0500, Florida Statules. SIGNATURE PO	<u> </u>			Agent	30			Registered A	gent	
11. Pursuant to the provisions of Sections 617: 0502 and 617: 1508. Florida Statules, the above-hamed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 617: 500-7 florida Statules. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTE. DELETE 11. ITILE NUME KENT, ISABELLE 1180 99 ST 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRE						83				
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NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if	11. Pursuant office of the agent. I a signature. 12. Title name street address city-st-zip title name	to the provisions of Sections 617.050 egistered agent, or both, in the State im familiar with, and accept the oblig OFFICERS AND OFFICE	a of Florida, Suc gations of, Secti gent and title if applic	DELETE DELETE	0716 State 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 4 3.1 T 3.2 N 3.4 S 4.4 S 4.1 S 4.2 S 4.4 S 5.1 S 5.2 S 5.2 S 5.2 S 5.3 S 6.4 S 6.4 S 6.5 S 6	ove-named corporative requires. d Agent signature requires. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP ITLE NAME STREET ADDRESS ITY-ST-ZIP ITLE NAME TREET ADDRESS ITY-ST-ZIP ITLE NAME TREET ADDRESS ITY-ST-ZIP ITLE NAME	uired when reinstating)	purpose of c ept the appoin	hanging nament as DIRECT(Change) Change	its registered registered ORS IN 12 e Addition Re Addition
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