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11. Pursuant to the	provisions of Sections 6	617,0502 and 617.15	508, Florida Statutes,	84 City Nort	h Miami, d corporation submits thi	s statement for the	FL 85	Zip Code 33161 jing its registe	ered
office or register	provisions of Sections 6 red agent, or both, in the illiar with, and accept the	e State of Florida. Su	uch change was auth	84 City Nort the above name orized by the core	h Miami, d corporation submits thi	s statement for the	PL purpose of chang	33161	ered
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SIGNATURE;

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered. ATTOMATURE AND EXPED OR PRINTED NAME OF BIGNING OFFICER OF STANDARD ANGELOE OSCIANCE ANCILIT