FILED May 06, 2002 8:00 am Secretary of State

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Principal Place of Business	Mailing Address						
P. O. BOX 15053 SARASOTA FL 34277	P. O. BOX 15053 SARASOTA FL 34277						
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2. Principal Place of Business	3. Mailing Address	·				H a h Hah i 1881	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE I	IN THIS SPACE		
City & State	City & State		4. FEI Num	ber		Applied For	
Zip Country	Zio	0	77 (2110)	59-2500029		Not Applicable	
	Zip	Country	5. Certificat	e of Status Desired	☐ \$8.75 A		
6. Name and Address of Curre	nt Registered Agent	Name	7. Name an	d Address of New Regi	istered Agent		
BACHMAN, KEN							
1254 PORT CRISP ROAD		Stree	t Address (P.O. Box Numb	per is Not Acceptable)			
SARASOTA FL 34242							
	·	City			FL Zip Co	de	
8. The above named entity submits this statement	for the purpose of changing its r	registered office	or registered agent, or bo	oth, in the state of Florida			
SIGNATURE Signature, typed of printed name of registered age	ent and title if applicable. (NOTE-				200		
		Hegistered Agent sig	nature required when reinstating)		DATE		
FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co	paign Financing	, , , , , , , , , , , , , , , , , , , ,	Be Make Dep	Check Payable artment of Stat	e to e	
FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Added to Fees	Be Make Dep	Check Payable artment of Stat	e	
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

941-926-7265