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	6. Nam	e and Address of	Current Registered Agent			7. Name and Address of New Registered Agent			
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8. The above	named ent	ity submits this sta	tement for the purpose of changing its	s register	L ed office or re	egistered agent, or both, in the 4.4 விரின் 60 01065 019			
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SIGNATURE		d or printed name of regis	stered agent and title if applicable. (NO	E: Registere	d Agent signature r	e required when reinstating) DATE			
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Tax filing r		and elects to do s	oAfter MAY 1, 2	000 Fee	will be \$550	0.00 Trust Fund Contribution. Added to Fees			
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	certify that it	ainformation sun	plied with this filing does not qualify for			Tallahassee, FL 32301 d 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 of 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.									
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Principal Place of Business  Mailing Address  1. Mailing Address  2. Principal Place of Business  3. Mailing Address  5. Sup. Act. 4 mc.  City & State  City & State Address of New Registered Agent  Name  State Address (PL. Box Number is Nis Abstraction of State		NT# . 👽 . 🔉							
2. Principal Place of Euchesia  Suite, Apr. 4, etc.	Nabors, Giblin & Nickerson, P.A.					Page 2			
Suite, April 4, etc.  City 6 State  B. Name and Address of Current Registered Agent  7. Name and Address of State District  Fig. 2.6 Coole  8. The above named unity submits this statement for the purpose of changing is registered offices of Pool Bank Name and Address of Current Registered Agent  City  FIL	Principal Place of Bus	iness	Mailing Address						
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Signar access of the control of the purpose of changing is registered agent, or both, in the State of Force	City & State	•	City & State			4. FEI Number	<del></del>		
Super Address of Name and Address of New Registered Agent   Name   Nam	Zip	Country	Zip	Country	,	5 Certificate of Status Desired	\$8.75 Ac	Iditional	
Name	6. N:	ame and Address of Current R	Renistered Agent	<del></del> -			Fee Require	ed	
City FL Zip Code  6. 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, not or invest rame of registered agent in the foreign of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  FILE ROWING FEE (3) \$150.00  Tall And Community submits this statement agent in the facebook in the purpose of changing its registered agent, or both, in the State of Florida.  FILE ROWING FEE (3) \$150.00  After MAY (1,2000 Fee will be \$450.00)  Make Check Paysible to Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE  OFFICERS AND DIRECTORS  THE ROWING STREET ADDRESS  OTH-51-2P  THE NAME  STREET ADDRESS	V. (a)	and Address of Current A	registered Agent		Name	7. Name and Address of New Registered	Agent		
City FL Zip Code  6. 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, not or invest rame of registered agent in the foreign of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  FILE ROWING FEE (3) \$150.00  Tall And Community submits this statement agent in the facebook in the purpose of changing its registered agent, or both, in the State of Florida.  FILE ROWING FEE (3) \$150.00  After MAY (1,2000 Fee will be \$450.00)  Make Check Paysible to Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE  OFFICERS AND DIRECTORS  THE ROWING STREET ADDRESS  OTH-51-2P  THE NAME  STREET ADDRESS				-	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  Signature, young or printed name of registered agent and signature required agent, or both, in the State of Florida.  SIGNATURE  Signature, young or printed name of registered agent and signature required agent, or both, in the State of Florida.  SIGNATURE  Signature, young or printed name of registered agent are required agent, or both, in the State of Florida.  SIGNATURE  Signature, young or printed name of registered agent are required agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OATE May 1, 2000 Fee will be \$55,000 agent, or both, in the State of Florida.  SIGNATURE agents agent				· /		(1.5. Box 1.6. Box 1.6. Respection)			
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	SIGNATURE:	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER O		yory 1	Date Date	Daytime Phone #	284-40)0	

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DOČUM F. Entity Name	ENT#		,	•						
Nabors, Giblin & Nickerson, P.A.						Page 3				
Principal Place of	of Business	Mailing Address			_					
	•									
2. Principal Plac	e of Business	3. Mailing Address				•				
Suite, Apt. #, (	etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4.	FEI Number		Applied For Not Applicable		
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	6. Name and Address of Current R	egistered Agent		Name:	7.	Name and Address of New Registe	red Agent			
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· ·				City	<del></del>		FL Zip (	Code		
8. The above na	med entity submits this statement for	the purpose of changing its re	egistere	d office or reg	jistered ag	gent, or both, in the State of Florida.				
SIGNATURE	nature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered	Agent signature re	equired when r	(einstating) DA	Τ <b>E</b>			
	ion is eligible to satisfy its Intangible birement and elects to do so. on back).	FILE NOWIII After MAY 1, 2000 Make Check Payable	) Fee v	vill be \$550.		10. Election Campaign Financing     Trust Fund Contribution.		5.00 May Be		
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NAME			NAME		Rober	t L. Nabors		_ }		
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SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)  Date  Opening Phone #										
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