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C/O STEWART A. MARSHALL. III 255 SOUTH ORANGE AVENUE. SUITE 1700 ORLANDO FL 32801 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State A. FEI Number Applied	d For
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired State Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied Not Applied Not Applied Not Applied Not Applied Not Applied Not Applied Street Address of Current Registered Agent Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Tity Signalum, typind or prettor name of ingistered agent and the if applicable NOTE Registered Agent signalure required when remataling) DATE FILE NOW!!! FEE Is \$50.00 Make Chieck Payable to Department of State MGRM GOGGENS-MARSHALL, MARY JUANITA STREET ADDRESS ST	oplicable
City & State Sp. 3570503 Country S. Certificate of Status Desired \$5.00 Addition. Fee Required 7. Name and Address of New Registered Agent Name MARSHALL, STEWART A III 255 SOUTH ORANGE AVENUE, CITRUS CENTER SUITE 1700 ORLANDO FL 32801 City FL Zip Code 6. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Signature type of changing its registered office or registered agent, or both, in the State of Florida. N/A SIGNATURE Signature, typed or prired name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remistairg) MARK Chieck Payable to Department of State 9. MANAGING MEMBERS 10. ADDITIONS/CHANGES TITLE NAME GOGGENS-MARSHALL, MARY JUANITA STREET ADDRESS CITY-ST ZIP ORLANDO FL 32801 TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS CITY-S	oplicable
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additions Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARSHALL, STEWART A III 255 SOUTH ORANGE AVENUE, CITRUS CENTER SUITE 1700 ORLANDO FL 32801 City FL Zip Code 8. 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. N/A SIGNATURE Signature, typied or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remetating) DATE P. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE MARK GOGGENS-MARSHALL, MARY JUANITA STREET ADDRESS 255 SOUTH ORANGE AVENUE ORLANDO FL 32801 TITLE MARK STREET ADDRESS 255 SOUTH ORANGE AVENUE ORLANDO FL 32801	oplicable
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: