... FOR PROFIT CORPORATION

SIGNATURE:

FILED Jul 09, 2003 8:00 am Secretary of State

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2003 FOR PROFIT CORPORATION

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8. Certificate of Salarus Cestred 9. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (R.O. Box Number is Not Acceptable) City FL Zp Code 8. The above named entity submits this statement for the purpose of chenging its registered office or registered agent, or both, in the State of Florice. I am familiar with, and socion the obligations of registered agent, or both, in the State of Florice. I am familiar with, and socion the obligations of registered agent, or both, in the State of Florice. I am familiar with, and socion the obligations of registered agent, or both, in the State of Florice. I am familiar with, and socion the obligations of registered agent, or both, in the State of Florice. I am familiar with, and socion the obligations of registered agent, or both, in the State of Florice. I am familiar with, and socion the obligations of registered agent, or both, in the State of Florice. I am familiar with, and socion the obligations of registered agent, or both, in the State of Florice. I am familiar with, and socion the obligations of registered agent, or both, in the State of Florice. I am familiar with, and socion the obligations of registered agent, or both, in the State of Florice. I am familiar with, and socion the obligations of registered agent, or both, in the State of Florice. I am familiar with, and socion the obligations of registered agent, or both, in the State of Florice. I am familiar with, and socion the obligations of registered agent, or both, in the State of Florice. I am familiar with, and socion the obligations of registered agent, or both, in the State of Florice. I am familiar with, and socion the obligations of Florice. I am familiar with, and socion the obligations of registered agent, or both, in the State of Florice. I am familiar with, and socion the obligations of Florice. I am familiar with, and socion the obligations of Florice. I am familiar with, and socion the obligations of Florice. I am familiar with, and	City'& State		City & State			4. FEI Number	Applied For Not Applicab
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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 it mide under oath; that I am an officer or direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.	of the corporation or	the receiver or trustee emp	is true and accurate and Owered to execute this i	i that my signat report as requir	ure shall have the :	same legal effect se if meide under	Oath: that I am an officer or director
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