TITLE MANAE STREET ADDRESS CITY-ST-ZIP CIT	2000	D UNIFORM BUS	INESS REPO	ORT (UBR)	APPROVED		
The above the survey of the properties of the state of th	DOCU	MENT # DO 300	0		AND		
Principal Place of Business 2323AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	1. Entity Nan	ne A - A	() ()	1 Tua	,		
L-POSPER V. V. II. Ago, H. Carrellella, H. 32372 2. Proposition of Business 23.23 Euro Rob 51. Sure Act 4. 6to. Sure Act 4.	Go	If Trading of	LARRADEV	Le, LNC.	00 APR 28 PM 3: 30		
L-POSPER V. V. II. Ago, H. Carrellella, H. 32372 2. Proposition of Business 23.23 Euro Rob 51. Sure Act 4. 6to. Sure Act 4.	Principal Plac	ce of Business	Mailing Address		SECRETARY OF STATE.		
2. PROPOPARISE OF BLANCOS ST. 2. J. A. J. A. J. A. B. C. 2. J. A. J. A. B. C. 3. J. A. B. C. 3. J. J. A. B. C.	23	23 ANA Bob	5A P.O.D	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TALLAHÄSSEE, FLORIDA		
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SUINATURE Suite, Appl. #, etc. Suite, Appl	Principal F	Place of Business	3. Mailing Address	er 1336	,		
\$12 3 2 2 Squarty 32 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPA	ACE.	
S. Name and Address of Current Registered Agent 1. Name and Address of Surent Registered Agent 1. Name and Address of New Registered and Address of New Registered Agent 1. Name and Address of New Re	City & Stat	ek Village, 71-	City & State	ks, 41	4. FEI Number 59-2967839	<u> </u>	
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. SIGNATURE Signature, poets or portion same of registered agent and first ill applicative. PACTE: Repairted Agent agridure received when remission	3732	2 Franklin	32322	Franklex	Fe Fe	e Require	
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. SIGNATURE Signature, poets or portion same of registered agent and first ill applicative. PACTE: Repairted Agent agridure received when remission	1 / 6	6. Name and Address of Current	Registered Agent	A IS A Name	7. Name and Address of New Registered Ago	ent	
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. SIGNATURE Signature, poets or portion same of registered agent and first ill applicative. PACTE: Repairted Agent agridure received when remission	INI	11,17Mt,10pe	LANDALVIII	199,71 Street Address	(P.O. Box Number is Not Acceptable)		
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SIGNATURE Signature types of printed name of registered Agent and talle it application. PLE NOW!! FEE IS \$150.00 After WANT 1; 2000 Fee well be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE MANE STREET ADDRESS CITY-ST-2P Addition Addition CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P CITY-ST-2P A*****158.75 *****158.75 Addition CITY-ST-2P CITY-ST-2P							e
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	STREET ADORESS CITY-ST-ZIP				,		
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				_#			

SIGNATURE:

April 28, 9,000 850-697-4502