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B [25] [20] 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PACHELSON, SAUL 61 Name 6717 BENIAMIN RD 82 Street Address (P.O. Box Number is Not Acceptable) 717 BENIAMIN RD 83 44 City FL 85 Zip Code 10. Name and Address of Current Registered Agent 83 5 Zip Code 5 Street Address (P.O. Box Number is Not Acceptable) 5 Zip Code 11. Pursuent to the prodetions of Sections 607.0502 and 607.1506. Florida Statutes. 83 64 City FL 85 Zip Code 12. Pursuent to the prodetions of Section 607.0502. Florida Statutes. 80 Notific Particle Mathematics and Statutes and Statutes. 60 City FL 85 Zip Code CMAILURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANCES TO OFFICERS AND DIRECTORS IN 17 Citage Address Citage Address Xie Radderss OFFICERS AND DIRECTORS DELETE 1.1 Iffle Citage Address Citage Address Xie Radderss OFFICERS AND DIRECTORS DELETE 2.1 Iffle	Zip	Country		Zip		itry		or intangible ta fes INo	ax under s	199.032.
PACHELSON, SAUL 6717 BENJAMIN RD 7AMPA FL 33614 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above named corporation is board of directors. Thereby accept the appointment as registered agent. I familiar with, and accept the obligations of, Section 607.0502, Florids Statutes, Charles of the obligations of, Section 607.0502, Florids Statutes, Charles of the obligations of, Section 607.0502, Florids Statutes, Charles of the obligations of, Section 607.0502, Florids Statutes, Charles of the obligations of, Section 607.0502, Florids Statutes, Charles of the obligations of, Section 607.0502, Florids Statutes, Charles of the obligations of, Section 607.0502, Florids Statutes, Charles of the obligations of, Section 607.0502, Florids Statutes, Charles of the obligations of, Section 607.0502, Florids Statutes, Charles of the obligations of, Section 607.0502, Florids Statutes, Charles of the obligations of, Section 607.0502, Florids Statutes, Charles of the obligations of, Section 607.0502, Florids Statutes, Charles of the obligations of, Section 607.0502, Florids Statutes, Charles of the obligations of, Section 607.0502, Florids Statutes, Charles of the obligations of, Section 607.0502, Florids Statutes, Charles of the obligations of, Section 607.0502, Florids Statutes, Charles of the obligations of the text of the text of the obligations of the obligation		25 9 Name and Address C		ered Agent	[30]				Agent	
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TAMPA FL 33814 B3 Putsuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of charging its registered orgent. In the state of Finda, Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered egent. T Putsuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered egent. T fermiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. NNTURE Signifue, bed or privide name of registered orgent and the if appoint and the if appoint and the if appoint and the if appoint appoint registered orgent are stated of the new appoint or the appoint and the if appoint and the if appoint appoint and the if appoint appoint appoint and the if appoint appoint appoint appoint and the if appoint apppoint appoint apppoint appoint						82 Street Addr	ess (P.O. Box Number is Not Accep	12010)		
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 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I fur certify that the information indicated on this annual report or supplemental annual reports true and accurate and that my signature shall have the same legal effect as if made certify that it han an officer or director of the contraction or the receiver for trustee information and foce to a provide the contraction or the receiver for trustee information and foce to a supplemental annual report or supplemental annual reports true and accurate and that my signature shall have the same legal effect as if made certify that it han an officer or director of the contraction or the receiver for trustee information and the same legal effect as if made appears in Block 12 or Block 13 if changes or on an effective of the same legal effect. 	or register familiar wit GNATURE 	ed agent, or both, in the sta th, and accept the obligation Signature, tyred or relited name of re- OFFI RACHELSON, SAUL 6717 BENJAMIN RD TAMPA, FL 00000	gistered egent and title if a	DELETE	35. NOTE: Registered 13. 1.11 1.2N 1.3S 14C 2.11 22N 23S 24C 3.11 32N 33.9 34(4.1 4.2N 4.35 44(5.1) 5.21 5.35 5.41 6.1 6.21 6.3	Agent eignature require TLE ILE REE1 ADDRESS TY - ST - ZIP TLE IREET ADDRESS ITY - ST - ZIP ITLE AME TREET ADDRESS ITY - ST - ZIP ITLE AME IREET ADDRESS ITY - ST - ZIP ITLE IREET ADDRESS ITY - ST - ZIP ITLE IREET ADDRESS ITY - ST - ZIP ITLE IAME TREET ADDRESS ITY - ST - ZIP ITLE IAME STREET ADDRESS	d when renstating)	Durpose of ch oppointment a DATE DEFICERS AN	D DIRECTO Change Change Change	Fills IN 12 Addition