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. I the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DA FILE NOW!!! FEE IS \$150.00 (c After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS / NAME BERKE, ROBERT STREET ADDRESS CITY-ST-ZIP FILE VD UD	
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