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| Principal Place of Business Mailing Address 272 SHADOWS WAY 272 SHADOWS WA | | | | | 1 | SECRET TALLAH/ | ASSEE, | FLORID | A |
| | VGS, FL 33166 | MIAMI SPRINGS, FL | | ı | TAA | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | | 3. Mailing Address Suite, Apt. #, etc. City & State | | <u></u> | _ | | | | |
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| | | | | | 4. FEI Number 59-1479630 | | | the second s | Applied For Not Applicable |
| Zip | Country | Ζίρ | Courit | lry | 5. Certilicate of | · · · · · | C \$ | 8.75 Add | itional |
| | 6. Name and Address of Cur | rent Registered Agent | | Name | . 7. Name and A | ddress of New Re | gistered Ag | gent | · · · |
| AREA,RODOLFO | | | | | | c Net Annual | | | |
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| The above | e named entity submits this stateme | ent for the purpose of chancing | its registere | | tered agent, or both | in the State of Flor | FL | | |
| | Signalure, lyped or printed name of registered | agent and little if applicable. | KOTE: Registere | id Agent signature ni | quixed when minstating) | | DATE | | |
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