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WINDLE, EDWARD W. JR. 1564 DIXE WAY MELBOURNE FL 32835 is freet Address (P.O. Box Number is Not Acceptable) 91 Street Address (P.O. Box Number is Not Acceptable) 92 Usuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change gis registered agent. I am amiler with, and accept the obligations of Section 807.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. Thereby society the appointment as registered agent. I am amiler with, and accept the obligations of Section 807.0502, Florida Statutes. Name: OFFICERS AND DIRECORS 13. ADUTIONS/CHANGES TO OFFICERS AND DIRECTORS IN a statutes. Image: statute agent and the state of florida. Such change was a subtorized by the corporation's board of directors. Thereby society the appointment as registered agent. I am amiler with, and accept the obligation agent are the state of the society. Image: state of the appointment as registered agent. I am amiler with, and accept the obligation agent are the state of the society. 0 OFFICERS AND DIRECORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1400RESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1400RESS 14.0017.51-2P Image: Addition 14.0017.51-2P Image: Addition 14.00223 10ELETE 11THE 14.00223 10ELETE 11THE <td< td=""><td></td><td></td><td></td><td></td><td>Nort</td><td></td><td></td><td></td><td></td></td<>					Nort				
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SI-ZIP 64 CHY-SI-ZIP 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 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the true to the report acrossing the Chapter 602. Elorida Statutes: and that my name	Pursuant to the provisions of pringistered agent, or both, amiliar with, and accept the IATURE IATURE IATURE IATURE I ADDRESS SI-2IP I ADDRESS SI-2IP I ADDRESS SI-2IP I ADDRESS SI-2IP I ADDRESS SI-2IP	Sections 607.0502 and (in the State of Florida, Su obligations of, Section 60 OFFICERS AND DIR OFFICERS AND DIR ATRICIA WAY IE FL 32935 DWARD W JR WAY IE FL 32935 DNI L HWY. IE FL 32935	Uch Change Was Butholi. 107.0505, Fiorida Statute 10.11 appleate. 11	Ites, the above- ized by the corp as. VOTE: Projectored Ager 13. 1 1 THLE 12 NAME 1.3 STREED 1.4 CITY-S 2.1 THLE 2.2 NAME 2.3 STREED 2.4 CITY-S 3.1 THLE 3.2 NAME 3.3 STREED 3.4 CITY-S 4.1 THLE 4.2 NAME 4.3 STREED 4.4 CITY-S 5.1 THLE 5.2 NAME 5.3 STREED 5.4 CITY-G 6.1 THLE 6.2 NAME 6.3 STREED 5.4 CITY-G	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	d when reinstating: ADDITIONS/CHANGE		FL	its registered offic ared agent. I am CTORS IN 12 Ige Addition Ige Addition Ige Addition Ige Addition Ige Addition Ige Addition