MAME FL 23169 MAME MAME FL 23169 MAME FL	DOC 1. Entity N	UMENT # 539222 Varie CIATES INTERNATIONAL, INC.	NESS NEP	OR4	(UBK)		Se	y 22, ecreta 4-28-2001 9	ry ot		e
Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS S	500 N.W. 16 #204	STH STREET RD	500 N.W. 165TH STREET #204	RD			1 (PRIST BINGS ((11) B. (RIN)		•	Albir Munus 1444.	
Exp Country Zop Country S. Certificate of Stutz Defend \$8.75 Additional Fee Proping S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sample Address of Current Registered Agent 7. Name and Address of New Registered Agent Sample Address of New Registered Agent 7. Name and Address of New Registered Agent Sample Address of New Registered Agent 7. Name and Address of New Registered Agent Sample Address of New Registered Agent 7. Name and Address of New Registered Agent Sample Address of New Registered Agent 7. Name and Address of New Registered Agent Sample Address of Name Registered Agent 7. Name and Address of New Registered Agent Sample Address of Name Registered Agent 7. Name and Address of New Registered Agent Sample Address of Name Registered Agent 7. Name and Address of New Registered Agent Sample Address of Name Registered Agent 7. Name and Address of New Registered Agent Sample Address of Name Registered Agent 7. Name and Address of New Registered Agent Sample Address of Name Registered Agent 7. Name and Address of Name Registered Agent Sample Address of Name Registered Agent 7. Name and Address of Name Registered Agent Sample Address of Name Registered Agent 7. Name and Address of Name Registered Agent Sample Address of Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address 7. Name Registered Agent 7. Name and Address of Name Registered Agent 7. Na			 								
E. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 8. Name 1500 E. ATLANTIC BLVD. POMPAND BEACH FL 33000 City FL Zip Code 8. The above named unliky submits this statement for the purpose of changing its registered option or registered agent, or both. In the State of Floridae. SIGNATURE Superar, speed or protein name of registered agent with the state of Floridae. SIGNATURE Signature registered agent with the state of Floridae. PDE Registered Agent registered agent, or both. In the State of Floridae. SIGNATURE Signature registered agent with the state of Floridae. SIGNATURE Signature registered agent, or both. In the State of Floridae. SIGNATURE Signature registered agent with the state of Floridae. SIGNATURE Signature registered agent with the state of Floridae. SIGNATURE Signature registered agent, or both. In the State of Floridae. SIGNATURE Signature registered agent, or both. In the State of Floridae. SIGNATURE Signature registered agent, or both. In the State of Floridae. SIGNATURE Signature registered agent, or both. In the State of Floridae. SIGNATURE Signature registered agent, or both. In the State of Floridae. SIGNATURE Signature registered agent, or both. In the State of Floridae. SIGNATURE Signature registered agent, or both. In the State of Floridae. SIGNATURE Signature registered agent, or both r	City & S	tate	City & State			4. FE	I Number 59-1	753102			
S. Name and Address of Current Registered Agent Name and Address of New Registered Agent OATES, DANIEL E. ESQUIRE Street Address (P.O. Box Number is Not Acceptable) Coy FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE DATE DATE DATE Street Address (P.O. Box Number is Not Acceptable) DATE DATE DATE DATE Street Address (P.O. Box Number is Not Acceptable) DATE DATE DATE DATE Street Address (P.O. Box Number is Not Acceptable) DATE DATE DATE DATE DATE The above ramed entity submits statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. And I DATE DATE DATE DATE The above ramed entity submits is statement for the purpose of changing its registered agent, or both, in the State of Florida. And I DATE DATE DATE DATE The above ramed entity submits is statement for the purpose of changing its registered agent, or both, in the State of Florida. And I DATE DATE DATE The above ramed entity submits is statement for the purpose of changing its registered agent, or both, in the State of Florida. And I DATE DATE DATE DATE DATE DATE DESCRIPTION DATE D	Zip	Country		Country	! -	5. Ce	ertificate of Status D	esired 🔲	\$8.75 A	dditional	'
Steed Address (P. O. Box Number is Not Acceptable) Steed Address (P. O. Box Number is Not Acceptable)		6. Name and Address of Current R	egistered Agent		Name	7. Na	me and Address o	New Register	•		1
City FL Zip Code 8. The above named anily submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signiful Time Support or priced name of registered office agent, or both, in the State of Florida. Signiful Time Support or priced name of registered office or its Eagotiack. 9. This corporation is eligible to easisty its intangible Task fling requirement and elects to do so. After MAY 1, 2001 Fee will be \$55,00.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 14. WAS 15. Determined Agents 10734 RICHMOND PLACE 10745-127 10745-127 10745-127 10745-127 1084 10745-127 1084	150	00 E. ATLANTIC BLVD.			Street Address	(P.O. Bo	k Number is Not Ac	ceptable)			-
8. The above named entity submits this statement for the purpose of changing its registered critics or registered agent, or both, in the State of Florida. Signature Sign					City			F	Zip Co	de	1
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MAME STREET ADDRESS TY-ST-ZIP I. I hereby certify that the information supplies with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information Indicated on this report or supplemental proports 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 of the corporation or the receiver or trusted empowered to except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an appears with all other like empowered.	ILE IME REET ADDRESS IY-ST-ZIP		☐ Delete	name Street ac	· 1				☐ Change	☐ Addition	•
	TLE ME REET ADDRESS TY-ST-ZIP		1	NAME STREET AD CITY-ST-2	mP i						
HERRITICLE / / 72LNV E. E/ / E' 1/05 V PC / 1/0 10 - 0 1 7 - 0 1 -	Indicated of the corp	cerury that the information supplies with this on this report or supplemental report is true poration or the receiver or true and the receiver or true at the receiver or true	filing does not qualify for the and accurate and that me	the exempti y signature	on stated in Sec shall have the s	tion 119. ame lega	07(3)(i), Florida Stat effect as if made u	utes. I further ce nder oath; that I	rtify that the in am an officer	formation or director	