Intel       Intel       Intel       Intel         Inteley contity that the informatin supervision this fling	DOCU 1. Entity Nam	MENT # 561-	139 1.	ORT (UBR)	FILED - Apr 23, 2000 8:00 an Secretary of State 04-23-2000 90008 049 ***150.00
2. Proceed Place O Blainess Suite. Apr. 4, etc. City S. Stole Zip Country Zip	529	O Chiswick (	incle 5	rlando FI	
City & State City & Country Co	20	me			
Zp       Country       2p       Country       5. Carrificate of Status Desired       \$8,75 Auditional Fee Required         6. Name and Address of Current Registered Agent       Name       Name       Stread Address of Mew Registered Agent         Randy Hull many 203 Uniterest St Stread Address (EO. Box Number is Net Acceptable)       Stread Address (EO. Box Number is Net Acceptable)					4. FELHamber 1812/0 Applied For
Name       Randy Hrill Max       30 3 Hull creat St       Street Address (P.O. Bax Number II: Not Acceptable)	Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additional
Change in Sage in		6. Name and Address of Curr	rent Registered Agent	Name	7. Name and Address of New Registered Agent
Charge	ຄັ	· · · · · · · · · · · · · · · · · · ·			(R.O. Box Number is Not Acceptable)
SIGNATURE		rlando Il:	32801		
(NOTE: Registered Agent Bodices With metalization)     (Note:		named entity submits this stateme	int for the purpose of changing	its registered office or registr	ered agent, or both, in the State of Florida.
Tax thing requirement and elects to do so.       After MAY 1 2000 Fee will be \$550.00       10. Election Callpaging Infraining	SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (N	IOTE: Registered Agent signature requir	ed when reinstating) DATE
11.       With the UPERCERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         THE       Data       ITLE       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         THE       Sago Chaowack       ITLE       ITLE         NAME       Sago Chaowack       ITLE       ITLE         Sago Chaowack       Orthoge International Sage Character Address       ITLE       Item Address         STRET ADDRESS       Orthoge International Sage Character Address       ITLE       Item Address         STRET ADDRESS       Orthoge International Sage Character Address       Item Address       Item Address         STRET ADDRESS       ITTLE       Item Address       Item Address       Item Address         STRET ADDRESS       ITTLE       Item Address       Item Address       Item Address         STRET ADDRESS       ITTLE       Item Address       Item Address       Item Address         STRET ADDRESS       ITTLE       Item Address       Item Address       Item Address         STRET ADDRESS       ITTLE       Item Address       Item Address       Item Address         STRET ADDRESS       ITTLE       Item Address       Item Address       Item Address         STRET ADDRESS       Item Address       Item Address       Item Addr	Tax filing r	requirement and elects to do so.	After MAY 1,	2000 Fee will be \$550.00	Trust Fund Contribution.
Image: State of the second	11	Pallst dy AFFICERS	· 如何的法律的法律的问题。但是是是是是	Physical and a strength of the second sec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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IIILE       Delete       TITLE       Change       Addition         STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP         IIILE       Delete       TITLE       Change       Addition         STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       Change       Addition         STREET ADDRESS       CITY-ST-ZIP       Change       Addition         STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         ST-ZIP       Delete       TITLE       NAME       STREET ADDRESS       CITY-ST-ZIP         I3. I hereby certify that the information supplier with this filing 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 population is true and adjust 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 reperier of the dee moovered to execute this report as required by Onapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	- STREET ADDRESS		Delete	NAME STREET ADDRESS	Change Addition
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