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ORLANDO FL 32803-4894 ORLANDO FL 32803-4894 2. Principal Place of Business 2. A. Making Address 2. A. Making Address 3. Date incorporated or Qualified Outlified			•	DOWE			e radiro nabia 11819 Billi Belti ABII	1 WIDI 97871 DIQI4 BIBIL 91	/#II #F#ft #I#II I##1
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Sireef Address (P.O. Box Number is Not Acceptable) 13. Name 14. Name 15. Name 16. Name and Address of New Registered Agent 16. Name and Address of New Registered Agent 17. Name and Address of New Registered Agent 18. Name 19. Name 1	¬ '		<u> </u>		intry		8. This corporation has liability for i	ntangible tax under	
HARDY, W. MARVIN, III LANDMARK CENTER TWO STE 450, 226 E ROBINSON ST. ORLANDO FL 32802 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the collegations of Section 617,0503, brinds Statutes, and accept the collegations of Section 617,0503, brinds Statutes, and accept the collegations of Section 617,0503, brinds Statutes, and accept the collegations of Section 617,0503, brinds Statutes, and accept the collegations of Section 617,0503, brinds Statutes, and accept the collegations of Section 617,0503, brinds Statutes, and accept the collegations of Section 617,0503, brinds Statutes, and accept the obligations of Section 617,0503, brinds Statutes, and accept the obligations of Section 617,0503, brinds Statutes, and accept the obligations of Section 617,0503, brinds Statutes, and accept the obligations of Section 617,0503, brinds Statutes, and accept the obligations of Section 617,0503, brinds Statutes, and accept the obligations of Section 617,0503, brinds Statutes, and accept the obligations of Section 617,0503, brinds Statutes, and accept the obligations of Section 617,0503, brinds and accept the obligation of Section 617,0503, brinds and accept the obligations of Section 617,0503, brinds and accept the obligation obligation of Section 617,0503, brinds and accept the obligation obligation obligation for Section 617,0503, brinds and accept th				30					
LANDMARK CENTER TWO STE 450, 225 E. ROBINSON ST. ORLANDO FI, 32802 11. Pursuant to the provisions of Sections 617 0502 and 617 1503. Florida Statutes, the above named corporation submits this statement for the purpose of changing ats registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered eigent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. Bignature from the purpose of changing ats registered office or registered agent or board of directors. I hereby accept the appointment as registered eigent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. Bignature from the purpose of changing ats registered office or registered agent of rectors. I hereby accept the appointment as registered eigent. I am familiar with, and accept the obligations of changing ats registered office or registered agent of rectors. I hereby accept the appointment are registered eigent. I am familiar with, and accept the obligations of changing ats registered office or registered agent of rectors. I hereby accept the appointment are registered eigent. I am familiar with, and accept the appointment are registered eigent. I am familiar with, and accept the appointment are registered eigent. I am familiar with, and accept the appointment are registered eigent. I am familiar with, and accept the appointment are registered eigent. I am familiar with, and accept the appointment are registered eigent. I am familiar with, and accept the appointment are registered eigent. I am familiar are registered eigent. I am fami	DADDA	SAZ BAADISAN NI			81 Name				
STE 450, 225 E. ROBINSON ST. ORLANDO FL 32802 11. Pursuant to the provisions of Sections 817,0502 and 817,1508. Florids Statutes. The above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 617,0503, Florids Statutes. SCNANTURE Dignature Description Description					82 Street	Address	(P.O. Box Number is Not Acceptable	le)	
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, this above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am statement with, and accept the obligations of, Section 617.0503, Florida Statutes. Standard with, and accept the obligations of, Section 617.0503, Florida Statutes.	STE 450	, 225 E. ROBINSON ST.			83				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the cloud statutes. Common	ORLAND	O FL 32802			84 City			—. 85 7	Zip Code
familiar with, and accept the obligations of, Section 617.0603, Floride Statules. SIGNATURE	1. Pursuant to	o the provisions of Sections 617.0502	and 617.1508, Florida State	utes, the abo	ve-named co	orporation	on submits this statement for the purp		registered office
Suprature bysed or printed raine or registrored agent and life if agricative. NOTE: Projected Agent egrature required when reministing) DATE	familiar wit	h, and accept the obligations of, Section	a. Such charige was author on 617.0503, Florida Statuti	rized by the c es.	orporation's	board o	of directors. I hereby accept the appo	intment as registere	d agent. I am
OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Signature typed or printed name of registered agent a	nd title if applicable.	NOTE: Registered	Agent signature r	required wh	en reinstating)	DATE	
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1Y-ST-ZIP 4. 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 appual report of proportial according to the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	TY-ST-ZIP			6.4 CIT	Y-ST-7IP				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: