City & State City & State 4. FEI Number 59-0624445 Zip Country Zip Country S. Certificate of Status Desired Image: Country S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBBER, DALE S 401 E JACKSON ST SUITE 2500 TAMPA, FL 33602 Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am the obligations of registered agent. SIGNATURE Signeture, typed or printed name of registered agent and bile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check		04 NOT-FOR-PI ANNUA MENT # 727579	ROFIT CORPO		FILED Apr 19, 2004 8:00 an Secretary of State 04-19-2004 90385 044 ****61.25			
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Suile, Apt. #, etc. Suile, Apt. #, etc. 03232004 Chg-NP CR2603 City & State City & State 4. FEI Number S9-0624445 Second Second Zip Country Zip Country S. Certificate of Status Desired Image: Country Street Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name VEBBER, DALE S 101E LJACKSON ST SUITE 2500 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL City & State City & State Street Address (P.O. Box Number is Not Acceptable) IMPE Scool registered agent. City FL Street Address (P.O. Box Number is Not Acceptable) IMPE Scool registered agent. City FL INTE Agent State 0HOTE Ingustered Agent space registered agent, or both, in the State of Florida Line in the obligations of registered agent. Date INTER TABLE Scool registered agent. Street Agent space registered agent. Date INTER Agent State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. Make these Internation Internation Street Agent spaces Internation Internat	1645 PALM BEACH LAKES BLVD 164 SUITE 440 SUI		1645 PALM BEACH L SUITE 440	1645 PALM BEACH LAKES BLVD SUITE 440			TEN SINGSING WE IN WE	
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WEBBER, DALE S Of E JACKSON ST UITE 2500 AMPA, FL 33602 City FL City FL The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am the obligations of registered agent. City GNATURE Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) City FL GNATURE Street Address (P.O. Box Number is Not Acceptable) Date Street Address (P.O. Box Number is Not Acceptable) Date City FL GNATURE Street Address (P.O. Box Number is Not Acceptable) Date Date Date Street Address (P.O. Box Number is Not Acceptable) Date Make cheech Florida Depart Make cheech Flor		5. Name and Address of Curr	ent Registered Agent	Name	7. Name and Addres			
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2. I hereby certify that the information supplied with this filling does configurity for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cert indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I a of the corporation or the receiver or trustee empowered of execute this report as required by Chapter 617, Florida Statutes; and that my name appears in changed, or on an attachment with an address with enoties in the other like empowered.		4	with this filling does our quality rt is true and accurate and tha impowered to execute this repo so with all other the empowere	for the exemption stated in my signature shall have the rt as required by Chapter d.	Section 119.07(3)(i), Florida he same legal effect as if ma 617, Florida Statutes; and th	a Statutes. I further certify that ade under oath; that I am an o at my name appears in Block	the information fficer or director 10 or Block 11 if	

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