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92/08       Country       s. Continue of Status Desired       S8.75 Additional of Status Desired         92/08       Status Desired       Fee Regurd of Status Desired Agent.       7. Name and Address of New Registered Agent.         92/08       Namo       Streat Address of New Registered Agent.       7. Name and Address of New Registered Agent.         92/08       City       FL       Streat Address (PO. Box Number is Not Acceptable)         220 UNIVERSITY DR       City       FL       2p Code         8. The adove named ends submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Forlide.       Steel Address (PO. Box Number is Not Acceptable)         SIGNATURE       Experiment of registered agent of registered office or registered agent, or both, in the state of Forlide.       Defice         FILE NOW:       9. Electron Campaign Financing       State Address (PO. Box Number is Not State OFFICERS AND DIRECTORS IN 10       Defice Registered Address (PO. Box Number is Not State OFFICERS AND DIRECTORS IN 10         Intel Nord       SDT       Intel Fund Contribution       Address (PO. Box Number is Not Acceptable to Department of State Deficers AND DIRECTORS IN 10         Intel Nord       DEFICERS AND DIRECTORS       11.       ADDITIONS/CHANCES TO OFFICERS AND DIRECTORS IN 10         Intel Nord       Defice Nord Address (PO. Address (P					4. FEI Number Applied For Not Applied For Not Applied For Applied			
A Marke and Address of Current Registered Agent.     Aurre      Street Address of Kew Registered Agent     Aurre      Street Address (PO. Box Number is Not Acceptable)     City     CPL     Zp Code     Conce     Conce     Conce     Conce     Conce     Conce     City     FL     Zp Code     Conce     City     FL     Zp Code     Conce     Street Address     Conce     Street Address     Conce     Street Address     Street Addres     Street		Country	Zip	Country			<b>\$8.75</b> Add	ditional
YANNO, ROBERT 4220 UNIVERSITY DR CORAL GABLES FL 33146     Street Address (PO. Box Number is Not Acceptable)       City     FL     Zip Code       6. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.     City       SIGNATURE     Signation, tippel or purport agent agent and their agentation.     OPTE Regrateed Agent agents repaired memorality.     DOTE       FILE NOW: FEE IS \$81.25     9. Election Companyon Financing Tust Fund Contribution.     Address FC Ook May Be Address To Percens AND DIPECTORS IN 10 Department of State     Dote       10.     OFFICERS AND DIPECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 10 Department of State     Department of State       10.     OFFICERS AND DIPECTORS     Intel Netter Address     Intel Netter Address     Change     //       11.     ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 10 Direct Address     Intel Netter Address     Change     //       11.     ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 10 Direct Address     Intel Netter Address     Change     //       11.     Note     Intel Address     Intel Address     Change     //       11.     ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 10 Direct Address     Change     //       11.     ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 10 Direct Address     Change     //       11.     Delete     Inte	9210		Registered Agent		7. Name and Addres	ss of New Registere	•	d
YANKO, RUGEHI 4220 UNIVERSITY DR CORAL GABLES FL 33146       City       FL       Zp Code         6. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.       Signature synchronic and agenerating age			inglatere a gaint the sector	Name			<b>@</b>	-
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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or dire of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HESS, ROGER 11000 HUNTOVER DR. ROCKVILLE MD PD HESS, PHILIP 6035 WINTERTHUR ATLANTA GA	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE - NAME - NAME -			Change	Ad
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