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GNATURE Signature, typed or printed name of registered agent and its if applicable. (HOTE Registered Agent signature reculied when reinstaing) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fooes Make Check Payable to Department of State 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 0. ORLANDO FL 32822 Chrs.str.av Chrs.str.av 0. ORLANDO FL 32822 Delete THLE 0. MAKE STREET ADDRSS Chrs.str.av 0. Change Juff.E NAME 900 W YATES STREET ORLANDO FL 32822 Chrs.str.av Change Add VFS1-2P ORLANDO FL 32822 Delete THLE NAME STREET ADDRSS Chrange Add VFS1-2P ORLANDO FL 32822 Delete THLE NAME <t< td=""><td>e above named entity submits this statem</td><td>ent for the purpose of changing it</td><td>ts registered office or regis</td><td></td><td><u> </u></td><td></td></t<>	e above named entity submits this statem	ent for the purpose of changing it	ts registered office or regis		<u> </u>		
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2. 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	ADDRESS	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RRY SCHULTZ 39 WILLOW KANI LANDO, FL LIAM ROLLIS D DESTMOOR BLVJ	۲. ٤	Change Addition Change Addition Change Addition Change Addition	
Thereby Certify that the information supplied with this filling does not quality for the exemption stated in Section 119.0/(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 directer 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 11 changed, or on an attachment with an address, with all other like empowered.	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP CUTY-	D RRY SCHULTZ 39 WILLOW KANI LANDO, FL LIAM ROLLIS D WESTMOOR BLVJ LANDO, FL	۲. ٤ - C.T. 3 - Y 35 	Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition	