3217 W GROVE ST. (30614)   70. BOX 4205   7 AMFA FL 30677   3. Date Incorporated or Qualified   3. Date of Land FA L 30677   3. Date Incorporated or Qualified   3. Date of Land FA L 30677   3. Date Incorporated or Qualified   3. Date of Land FA L 30677   3. Date Incorporated or Qualified   3. Date of Land FA L 30670   3. Date Incorporated or Qualified   3. Date of Land FA L 30670   3. Date Incorporated or Qualified   3. Date of Land FA L 30670   3. Date Incorporated or Qualified   3. Date of Land FA L 30670   3. Date Incorporated or Qualified   3. Date Incorporated Office Incorporated   3. Date Incorporated	Principal Place 3217 W GROV P.O. BOX 423 TAMPA FL 33  2. Principal Plate Suite, Apt. # 12 City & State 13 Zip ALES,	T TAMPA MEMORIAL POST DEPARTMENT OF FLORIDA e of Business DVE ST. (33614) 35 3677	T #248, THE AMERICA, INC.  Mailing Address 3217 W GROVE ST. (C. P.O. BOX 4235 TAMPA FL 33677  2a. Mailing Address 26 Suite, Apt. #, etc.	CAN LEGI	12/12/1978 06/06/19	
WEST TAMPA MEMORIAL POST #248, THE AMERICAN LEG! ON, DEPARTMENT OF FLORIDA, INC.  Principal Place of Business 321 W GROVE ST. (3814) P.O. BOX 4235 TAMPA FL 38677  3. Date Incorporated or Qualified 12/12/1978  3. Date Incorporated or Qualified 18/57/16/20/1978  3. Date Incorporated or Qualified 19/57/16/20/1978	WEST ON, D Principal Place 3217 W GROV P.O. BOX 423 TAMPA FL 330 2. Principal Plate 11 Suite, Apt. # 12 City & State 3 Zip 4 NALES,	T TAMPA MEMORIAL POST DEPARTMENT OF FLORIDA te of Business EVE ST. (33614) 35 3677	A, INC.  Mailing Address  3217 W GROVE ST. (C. P.O. BOX 4235 TAMPA FL 33677  2a. Mailing Address 26  Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/12/1978 3a. Date of Last Re 06/06/19	
Principal Place of Business  3217 W GROVE ST. (30614) P.O. BOX 4235 TAMPA FL 33677  321 W GROVE ST. (30614) P.O. BOX 4235 TAMPA FL 33677  3. Date Incorporated or Qualified 12/12/1978  3. Date Incorporated Status Desired 12/12/1978  3. Date Incorporated 12/12/12/1978  3. Date Incorpor	Principal Place 3217 W GROV P.O. BOX 423: TAMPA FL 330  2. Principal Pla 1 Suite, Apt. # 2 City & State 3 Zip 4 NALES,	WE ST. (33614) 35 3677  lace of Business #, etc.	Mailing Address  3217 W GROVE ST. (C. P.O. BOX 4235 TAMPA FL 33677  2a. Mailing Address 26 Suite, Apt. #, etc.	33614)	3. Date Incorporated or Qualified 12/12/1978 3a. Date of Last Re 06/06/19	
22. Proncipal Place of Business	3217 W GROV P.O. BOX 423 TAMPA FL 33 2. Principal Pla 1 Suite, Apt. # 2 City & State 3 Zip	DVE ST. (33614) 35 3677 lace of Business #, etc.	3217 W GROVE ST. (C P.O. BOX 4235 TAMPA FL 33677	(33614)	3. Date Incorporated or Qualified 12/12/1978 3a. Date of Last Re 06/06/19	
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   59-6200890	Suite, Apt. #  2  City & State  3  Zip  NALES,	#, etc.	26 Suite, Apt. #, etc.		12/12/1978 06/06/19	port
2. Mailing Address 2. Mailing Address 4. FEI Number 5.9-6200890   Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 5. Certificate of Status Desired 5. S. 7. Fee City & State 5. City & State 6. Election Campaign Financing 5. Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. City & State 6. Election Campaign Financing 5. Address 2. Suite, Apt. #, etc. 3. Suite, Apt.	Suite, Apt. #  City & State  Zip  NALES,	#, etc.	26 Suite, Apt. #, etc.		4 551 Number	105
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Scriticate of Status Desired   \$8.7   Fee	Suite, Apt. #  2  City & State  3  Zip  NALES,	9	Suite, Apt. #, etc.		50-62000000 Apr	plied For
City & State  String Condition Compaging Financing Statutes  No.  S. Name and Address of Current Registered Agent  NALES, JOHN  3217 W GROVE STREET  TAMPA FL 33614  B31 Name  B22 Street Address (P.O. Box Number is Not Acceptable)  B33	City & State 3 Zip NALES,		97		\$0.75 a	t Applicable
Solution	Zip NALES,		<del></del>		Fee Req	quired
25 29 30 Country 25 29 30 Country 6 This corporation has hability for intangible tax under Florida Statutes 9 Yes No.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent No. Name and Nam	NALES,	Country	28		Trust Fund Contribution Added to	o Fees
9. Name and Address of Current Registered Agent  NALES, JOHN 3217 W GROVE STREET TAMPA FL 33614  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Z  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 agent 1 am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes  85 SIGNATURE  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Z  65 City  FL 85 Z  66 City  FL 86		25	29		8. This corporation has hability for intangible tax under s. 1	
NALES, JOHN 3217 W GROVE STREET TAMPA FL 33614  82 Street Address (P.O. Box Number is Not Acceptable)  1. 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 agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  IGNATURE  Signature typed or protein name of registered agent and tible if applicable page of the protein of the			it Registered Agent		10. Name and Address of New Registered Agent	
TAMPA FL 33614  1. 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 agent 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  IGNATURE    Signature typed or protect name of registered agent and tible # applicable   (NOTE Registered Agent signature required when reinstating)   DATE	· · · · · · · · · · · · · · · · · · ·					
1. 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 agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  IGNATURE    Image:				L_L	if Address (P.O. Box Number is Not Acceptable)	
1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, 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 at an familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  IGNATURE    Signature typed or profiled name of registered agent and tible if applicable   NOTE   Registered Agent signature required when reinstating    DATE	<b>*- -</b>	FE 00017				
agent fam familiar with, and accept the obligations of, Section 617.0503, Florida Statute's.    Interest and provided name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	Pursuant to	the equipions of Sections 617 050	Ten anno Florido Ctat		<b> -L</b> _ ``  ``	
Signature typed of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT.  INTILE  BAME  ESTEVEZ, BENNY  12 NAME  13 STREET ADDRESS  27 10 KATHLEEN ST.  13 STREET ADDRESS  ITY-ST-ZIP  ITILE  VALLES, FRANK  22 NAME  23 STREET ADDRESS  3227 WEST CLIFTON STREET  TAMPA FL  14 CITY-ST-ZIP  TAMPA FL  23 STREET ADDRESS  17Y-ST-ZIP  TAMPA FL  24 CITY-ST-ZIP  TAMPA FL  Change  Chan	office or rec agent I am	gistered agent, or both, in the State of familiar with, and accept the obligation	2 and 617.1508, Florida State of Florida, Such change was allore of Section 617.0503, F	ites, the above-name, authorized by the c	J corporation submits this statement for the purpose of changing its re rporation's board of directors. I hereby accept the appointment as reg	egistered
IZ. OFFICERS AND DIRECTORS  IT ILE  AME  ESTEVEZ, BENNY  2710 KATHLEEN ST.  TAMPA FL  TILE  AME  VALLES, FRANK  3227 WEST CLIFTON STREET  TAMPA FL  TAMPA FL	SIGNATURE					loic.
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TAMPA FL  3.3 STREET ADDRESS TAMPA FL  3.4 CITY ST 7 IP		GUINCHO, RALPH	<b></b>		Change	Addition
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ME NALES, JOHN 4 2 NAME 4 2 NAME	1	NALES, JOHN 3217 WEST GROVE		4 2 NAME		Accume.
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6 3 STREET ADDRESS	Y-ST-ZIP I. I do hereby o	certify that the information supplied	with this filling is voluntarily fu	6.4 CITY - ST - ZIP	qualify for the exemption stated in Section 119.07(3)(k), Florida Statutirue and accurate and that my signature shall have the same legal efferwered to execute this report as required to execute this report as required to	