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2. Principal Place of Business  3. Mailing Address  3. Mailing Address  4. FEI Number  59-2492862  7. Country  50-2492862  58-75 Agadomi  Fanal LEAN ST. VI.  Screen Address of Now Brightered Agent  1. Name and Address of Now Brightered Agent  7. Name and Address of Now Brightered Agent  1. Name  1. Name and Address of Now Brightered Agent  1. Name  58-75 Agadomi  Fanal LEAN ST. VI.  Screen Address (P.O. Box Number is Not. Accoptable)  58-76 Agadomi  Fanal LEAN ST. VI.  Screen Address (P.O. Box Number is Not. Accoptable)  58-76 Agadomi  Fanal LEAN ST. VI.  Screen Address (P.O. Box Number is Not. Accoptable)  58-76 Code  8. The above named entire submits this statement for the purpose of changing its registered agent, or both, in the state of Pointer  6. Name and Address (P.O. Box Number is Not. Accoptable)  58-76 Code  8. The above named entire submits this statement for the purpose of changing its registered disco or registered agent, or both, in the state of Pointer  6. Name and Address (P.O. Box Number is Not. Accoptable)  58-76 Code  6. Name and Address of Nov. Brightered Agent  7. Name and Address of Nov. Brightered Agent  8. The above named entire submits this statement for the purpose of changing its registered agent, or both, in the state of Pointer  6. Nov. FEE IS 561.25  9. Election Composity Properties  9. El	1. Entity Nam	MENT # <b>/5540]</b> • ·	•			· [			č
Sink Principal Place of Business  Six N. 1751 St.  MAN PL 30150  Six N. 1751 St.  MAN PL 30150  Six N. 1751 St.  Six N. 1751				.*	FIL				
SANY 75T ST.  MAIN FT. 20190  Applied FT. 20190  Suite, Apt Ft. etc.  City A State  Ci					05 JUL 1	5 /// 10:37			
2. Principal Place of Business  Julie, Apit, #, etc.  Gry A State  Cry			_			SECRET	11.15		
Sure. Apr. #, otc.    Do NOT WRITE IR THIS SPACE					TALLS.	To Occur.			
Sure. Apr. #, otc.    Do NOT WRITE IR THIS SPACE	2. Principal P	Place of Business	3. Mailing Address						
Signar ages of Current Registered Agent  S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  Sincer Address (P.O. Box Number is Not Acceptable)  SS N.W. 71 SI.  MAMI FL 33150  Signar and address of Current Registered Agent  T. Name and Address of New Registered Agent  Signar Address (P.O. Box Number is Not Acceptable)  SS N.W. 71 SI.  MAMI FL 33150  Signar and address of New Registered Agent  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.  SIGNATURE	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>			2.0., 20.0		14 B1 B1 1 1 B B1
Section   Sect	City & Stat	e	City & State		₩	4. FEI Number		Ap	oplied For
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Size Address (P.O. Box Number is Not Acceptable)  Size Address (P.O. Box Number is Number	Zip	Country	Zip	Country					
FAMIL JEAN ST. VI.  Since Address (P.O. Box Number is Not Acceptable)  Since Address (P.O. Box Number is Not Acceptable)  Since Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Portida.  Signature Species or present name or suptimed agent and time if each state.  Signature Species or present name or suptimed agent and time if each state.  FILE NOW: FEE IS \$61.25  9. Section Campaign Finencing School May be Added to Foes Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  THE NAME CLERGE, WILLIAM E SIRET ADDRESS	<del>_</del>							Fee Require	
ESS N.W. 71 ST.  MAMI FL 33150  Eity FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  SIGNATURE  Signaure, hood or printed name of signatures agent and size of accidates.  (NOTE Registered Agent signature requires when initiating)  DATE  PFILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO DEFECTER AND DIRECTORS IN 10  CERRCE, WILLIAM E STRICT ACCIDENTS  OUR STRICT ACCIDENTS  OUR STRICT ACCIDENTS  OUR STRICT ACCIDENTS  OUR STRICT ACCIDENTS  SIRET ACCIDENTS  MAMI, FL 000000  Delate  TITLE  Delate		o. Name and Address of Cdir	en negisieleu Ageni	Nai	ne	7. Name and Addre		- Agent	
MAMI FL 33150  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing Na registered office or registered agent, or both, in the state of Floride.  SIGNATURE  Signature, hood or printer name of registered seperal and time of statebases.  (NOTE Proplement Agent Spinlare required when the state of Floride.  SIGNATURE  Signature, hood or printer name of registered seperal and time of statebases.  (NOTE Proplement Agent Spinlare required when tarcastriag)  DATE  SIGNATURE  Signature, hood or printer name of registered seperal and time of statebases.  (NOTE Proplement Agent Spinlare required when tarcastriag)  DATE  SIGNATURE  Signature, hood or printer name of registered seperal and time of statebases.  (NOTE Proplement Agent Spinlare required requir				Stre	et Address	(P.O. Box Number is No	t Acceptable)		
B. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the state of Ronda.  SIGNATURE:    Signature   Signatu					•				
SIGNATURE    Street Now: FEE IS \$61.25   9. Election Compelign Finencing   \$5.00 May be   Added to fee   Added								Zíp Cod	e
Speakers, speed or private ramp of registered agent and first if applications.  (NOTE: Registered Agent Sprature share indicating)  FILE NOW: FEE IS \$61.25  9. Election Campaign Finenching	8. The above	named entity submits this stateme	ent for the purpose of changing it	ts registered offi	ce or registe	ered agent, or both, in th	e state of Florida.		
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Trust Fund Contribution.   Added to Fees   Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   VD	······································	Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered Agent	signature require	d when reinstating)		TE	_
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE VD	ရူ	FILE NOW: FEE IS \$61.25		. •					
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