Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8,75 Additional Fee Required        6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         TACK, JAMES P       2320 ESLINGER ROAD       Street Address (P.O. Box Number is Not Acceptable)         2020 ESLINGER ROAD       City       FL       Zip Code         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.       Jonnes P       Tack         SIGNATURE		IMENT # 763851	SINESS REPO		— Ma	r 07, 20	ED 02 8:00 of Sto	0 am
DD SOUTH ATLANTC AVE					1	•		
EV SUMPAN BEACH FL 32169-361       NEW SUMPAN BEACH FL 32169-361         2 Principal Pace of Business       9. Mailing Address         Suite, Apr. R, etc.       Suite, Apr. R, etc.         City & State       City & State         City & State       City & State         Zip       Country	Principal Pla	ace of Business	Mailing Address					
Suite, Apt. #. etc.       Country       City & State     A. FEI Number       Zip     Country     Zip       Country     Zip     Country       Zip     Country     Zip								
City & State       City & State       4. FEI Number       Applied For         Zip       Country       Zip       Country       5. Cartificate of Status Desired       Stat.75 Additional         Zip       Country       S. Cartificate of Status Desired       Stat.75 Additional       Status Desired       Stat.75 Additional	. Principal	Place of Business	3. Mailing Address					
Sp-2280080         Inst Application           Zip         Dountry         Zip         Country         Sp-2280080         Inst Application	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE	
	City & Sta	ate .	City & State		4. FEI Number 5	9-2280080		oplied For ot Applicable
Name     Name       TACK, JAMES P     Street Address (P.O. Box Number is Not Acceptable)       City     FL       The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.       Interview     Jonnes P       GRATURE     Jonnes P       Interview     PTER Registered agent, or both, in the state of Florida.       Interview     Jonnes P       Interview     PTER       Interview     Interview	Zip			Country			Fee Require	
HACK, AWRES P         HACK, AWRES P         HACK, AWRES P         JACK, AWRES P         Size Estingers RoAdb         LOT #93         NEW SMYRNA BEACH FL 32069         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.         GRAATURE       Jonnes P         Jonnes P       Jonnes P         FILE NOW: FEE IS \$61.25       Stelection Campaign Financing Trust Fund Contribution.         State       OPFICERS AND DIRECTORS         NEW MARK RAW M.       Stelection Campaign Financing Trust Fund Contribution.         PD       PUCHS, GARY M.         PUCHS, GARY M.       Stelection Campaign Financing Trust Fund Contribution.         Stelection Campaign Financing Trust Fund Contribution.       Make Check Payable to Department of State         PD       PUCHS, GARY M.       Stelection Campaign Financing Trust Fund Contribution.       Make Check Payable to Department of State         State Access       230 GOLF ISLE DR. #703       Stelection Campaign Financing Trust Fund Control State       Difficers AND DIRECTORS IN 10         Ref Addems Z230 GOLF ISLE DR. #703       Stelection Campaign Financing Trust Fund Control State       Difficers AND DIRECTORS IN 10         Stelection Campaign Financing Trust Fund Control State       Stelection Campaign Financing Trust Fund	<u> </u>	<u>6. Name and Address of Curren</u>	nt Registered Agent	Name	7. Name and Add	ress of New Registe	red Agent	
NEW SMYRNA BEACH FL 32069       City       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered agent, or both. in the state of Florida.       James P Tack       //30/D2         Ingra TURE       James P Tack       //30/D2       //30/D2         Ingra TURE       James P Tack       //30/D2         Ingra Ture       Onter Regramed Agent deplature required when remainings       //Ante         Ingra Ture       Ingra Ture       Added to Fees       Department of State         D       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10         The       FUCHS, GARY M.       Delete       The       Balton is a state added to Fees       Delete         Invisition       Delete       The       Make       Grange I Addi       Addi         Invisition       Delete       The       Balton is fore       Balton is fore				Street Ac	ddress (P.O. Box Number is	Not Acceptable)		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.   IGNATURE IGNATURE   IGNATU	LOT #93			City			Zip Cod	e
Grand Dref or privad name & logistered agent and the # applicable.     (NOTE Regulatered Agent Alignature required when remataling)     (DATE      FILE NOW: FEE IS \$61.25     Selection Campaign Financing     Trust Fund Contribution.     Added to Fees     Added to Fees     Make Check Payable to     Department of State      OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10      TILE     PD     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10      TILE     PD     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10      TILE     PD     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10      TILE     PD     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10      TILE     PD     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10      TILE     PD     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES     TILE     Delete     TILE     Delete     TILE     OFFICERS AND DIRECTORS     STREFTADORSS	. The abov	e named entity submits this statement	for the purpose of changing its	registered office or	registered agent, or both, in	the state of Florida.		
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