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Suite, Apr. 9, etc. Suite, Apr. 9, etc. Suite, Apr. 9, etc. DO NOT WRITE IN THIS SPACE Copy & State Appliest For	550 WATER ST S/C J 160 JACKSONVILI	DE FL	500 WATER ST S/C J-160 JACKSONVILLE	us	FL							
Application of the purpose of charging its registered Agent			3. Mailing Address								•	
AFTOORA PATRICIA J SINGAL REPORT STREET, HITH PLOOR 6. Name and Address of Current Registered Agent AFTOORA PATRICIA J SINGAL REPORT STREET, HITH PLOOR 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Fortida. City City City City City City City City	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT V	VRITE IN THIS S	SPACE	–	
5. Certificate of Status Desired	JACKSONVILI		City & State	_							<u> </u>	
AFTORA PATRICIA J SNR WATER STREET, HTH FLOOR Street Address (Fi.O. Box Number is Not Acceptable) City City City FL Zip Code City FL Zip Code City City FL Zip Code City Ci	•	us		Coun	try	5.	Certificate o	of Status Desire				
ACKSONVILLE IS JACKSONVILLE IS JACKSONVILLE IS LIS City FL ZIP Code City FL ZIP		6. Name and Address of Current F	Registered Agent			7.	Name and A	Address of Ne	w Registered A	gent		
SURPHIANCES OFFICERS AND DIRECTORS THE Debte OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS OF	500 WATER	STREET, 14TH FLOOR				idress (P.O.	Box Number	is Not Accepte	able)			<u>-</u>
SIGNATURE: New Name of entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, beed or present raine of registered agency and site it applicable. (IGCE Registered Applicable) FILE NOWIRI FEE IS \$150.000					City				FL	Zip Cod	e	_
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. 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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Patricia J, Aftoora VP 03/26/2001	NAME STREET ADDRESS	LARIZZA R. D. 550 WATER ST		TITLE NAMI STRE	ET ADDRESS	DVP LUMAN 550 WATE	C C	D		X Change	☐ Addition	
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Patricia J. Aftoora VP 03/26/2001	TITLE NAME STREET ADDRESS	OACASONVILLE	· · · · · · · · · · · · · · · · · · ·	TITLE NAMI STRE	ET ADDRESS	JACKSON	VILLE		FL		Addition	_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	of the corp changed,	URE: Patricia J, Aftoora	rue and accurate and that m wered to execute this report a ith all other like empowered.	is requi	ure shall ha ed by Chal	ave the same pter 607, Flo	e legal effect rida Statutes	as if made und ; and that my n	ier oath; ihat I a ame appears ir	m an officer n Block 11 or	ar disastar	

Date

Daytime Phone #