NUCKLEDGE RASSUURIES, LTD.     D0 MAY 25 PM 1: 33       Incode Place of Business     Mailing Address       128 S FIGHE BUD.     Noncledge R. 2585 594       2. Photopal Place of Business     S. Mailing Address       Suite. Apt. 4, etc.     Suite. Apt. 4, etc.       City & State     Country       2. Photopal Place of Business     S. Mailing Address       Suite. Apt. 4, etc.     Suite. Apt. 4, etc.       City & State     Country       2. Photopal Place of Business     S. Mailing Address       City & State     Country       2. Photopal Place of Business     S. Mailing Address       City & State     Country       2. Photopal Place of Business     S. Mailing Address       City & State     Country       3. Name and Address of Coursel Registered Agent     Name       City & State     Name and Address of New Registered Agent       WBOR ROBERT L     Place of Business on a statement for the purpose Ad changing it registered agent, or both in the State of Place       SCANDER     Statement Partners Mark NOT be changed on the term: an amendment must be filed to data       A GENERAL Partner Partners Mark NOT be changed on the term: an amendment must be filed to change 3 general partner.       A GENERAL Partner Partners Mark NOT be changed on the term: an amendment must be filed to change 3 general partner.       A GENERAL Partner Partners Mark NOT be changed on the term: an amendment must		IMENT # A157	'50	•	FILED		
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WiGOR, ROBERT L ISSR SOUTH FISKE BLVD OFFICE ROCKLEDGE FL 32955     Street Address (PO. Box Number is Not Acceptable)       Uity     FL     Zip Code       In a above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.     Dity       IGNATURE Tagatain, faster or prind rane of registered agent and the Floridation as Shown on record.     0/018 Registered Agent sequelar require requirements devine matting     DME       A Capital Contributions as Shown on record.     \$550.00     10. Amount of Capital Contributions in PLORAto to data.     11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE Store FOR FEE INFORMATION       A CENERAL PARTMENT HIS OFFICE NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.     2.       Comment/ we first access from Size P     Grives 7:2P       WIGOR, ROBERT L INST: 2P     STREET ACCESS Grives 7:2P       WIGOR, ROBERT L INST: 2P     STREET ACCESS Grives 7:2P       WIGOR, ROBERT L INST: 2P     STREET ACCESS Grives 7:2P       COMMENT/ WE FLADERSS INT-ST: 2P     STREET ACCESS Grives 7:2P	Zip	Country	Zip	Country			
WIGOR, ROBERT L 1225 SOUTH FRSKE BLVD OFFICE ROCKLEDGE FL 32955     Street Address (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     FL     Zip Code       IGNATURE     Street Address (P.O. Box Number is Not Acceptable)     DNE       Capital Contributions     \$550.00     10. Amount of Capital Contributions     11. MAKE CHECK PAYABLE TO DEPT. OF STATE is FLORIDA to data       A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form: is a method method must be filed to change a general partner.       2.     CENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General partners MAY NOT be changed on the form: is a method method must be filed to change a general partner.       2.     CENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General partners MAY NOT be changed on the form: is a method method must be filed to change a general partner.       2.     CENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General partners MAY       WIGOR, ROBERT L 1525 S. FISKE BLVD OFFICE RET ADDRESS TV ST-2P     STREET ADDRESS GTV-ST-2P       STREET ADDRESS TV ST-2P     GTV-ST-2P       STREET ADDRESS VT ST-2P     GTV-ST-2P       STREET ADDRESS VT ST-2P     GTV-ST-2P		6. Name and Address of Curre	ent Registered Agent	Name	7. Name and Address of New Registered Agent		
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