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Principal Place of Bus	siness	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
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Zip	Country	Zip	Country	- 5. Certificate of Status Desired
6. Nam	ne and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
COCKRUM, LORETTA H				ress (P.O. Box Number is Not Acceptable)
600 BRICKELL AVENUE, STE. 800		Sileet Add	ress (r.o. box number is not Acceptable)	
MIAMI FL 33131				
			City	FL Zip Code
The above named ent	tity submits this statement f	for the purpose of changing i	its registered office or re	gistered agent, or both, in the State of Florida.
IGNATURE	tity submits this statement t		its registered office or re	required when reinstating) DATE
IGNATURE Signature, type Capital Contributions as Shown on record.	and or printed name of registered ager \$510,000-00	nt and title if applicable. (NC 10. Amount of Cap in FLORIDA to	DTE: Registered Agent signature in polital Contributions date.	required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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