	MENT#	A97000	000641		٥		FILED SECRETARY OF VISION OF CORPO	STATE		
1. Entity Nam	¹0 ND LIMITED PART	NERSHIP				nı	SECRETARY OF CORP	NTARO	OHS	
".TE" .:10NS	5-						10 AUG 22 AM	110: ()2	
Principal Place of Business COUNTY ROAD 830 FELDA FL 33930			Mailing Address P.O. BOX 128 FELDA FL 33930-0128			-	JU AUG 22 -	-fl		•
TEEDA TE 00			TELEM TE GOOD GIES) [] [] [] []	
2. Principal F	Place of Business	•	3. Mailing Address				 	() UTILI 601	IZI BOZIO UZIA	
Suite, Apt. #, etc.			Suite, Apt. #, etc. City & State				DO NOT WRITE IN	THIS SF	ACE	
City & Stat	City & State					4. FEI Number	65-0736517	Applied For Not Applicable		
Zip	Cou	ntry	Zip	Coun	ntry	5. Certificate of	Status Desired		8.75 Ad	
	6. Name and A	ddress of Current Re	gistered Agent	[Nome	7. Name and A	ddress of New Regis	tered Ag	ent	
HUFFMAN, MARLIN					Name Street Address	as (P.O. Box Number i	s (P.O. Box Number is Not Acceptable)			
1401 CO	UNTY ROAD 830				- Chock Addition					
FELDATI	_ 33300				City				Zip Cod	le .
					City			-1	Z 10 000	
8. The above	named entity subm	its this statement for the	ne purpose of changing it	s registere		stered agent, or both.	in the State of Florida.	FL	210 000	
8. The above	named entity subm	its this statement for th	ne purpose of changing it	s registere		stered agent, or both,	in the State of Florida.		2.000	
8. The above		its this statement for the		_	ed office or regis	stered agent, or both,		DATE		
	. Signature, typed or printed intributions on record.	name of registered agent and \$29,700.00	title if applicable (NO 10. Amount of Cap in FLORIDA to	TE: Registered ital Contril date.	ed office or regis o Agent signature requ butions	uired when reinstating)	11. MAKE CHECK PA SEE REVERSE SI	DATE LYABLE 1	O DEPT. C	F STATE
SIGNATURE 9. Capital Co	Signature, typed or printed on the state of	name of registered agent and \$29,700.00	title if applicable (NO	TE: Registered ital Contrib date.	ed office or regis d'Agent signature requ butions	uired when reinstating)	11. MAKE CHECK PA SEE REVERSE SI TIVE WITH THIS O to change a genera	DATE NYABLE 1 IDE FOR FFICE. al partr	O DEPT. () FEE INFO	F STATE
9. Capital Coas Shown	Signature, typed or printed intributions on record. A GENE NOTE: Gene	name of registered agent and \$29,700.00	10. Amount of Cap in FLORIDA to AT IS A BUSINESS EI NOT be changed on the	TE: Registerer ital Contril date. NTITY M the form	ed office or registed of Agent signature required butions UST BE REG	uired when reinstating)	11. MAKE CHECK PA SEE REVERSE SI TIVE WITH THIS O	DATE NYABLE 1 IDE FOR FFICE. al partr	O DEPT. () FEE INFO	F STATE RMATION
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