DOCUMENT # A9900001849 1. Entity Name STD, LTD.							SECOUTAR	ILEU	
						SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address 300 S.E. 9TH COURT POMPANO BEACH FL 33060 Mailing Address POMPANO BEACH FL 33060						00 MAR 20 PM 6: 14			
2 Principal P	Place of Business		3. Mailing Addres			-			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Suite, Apt.	#, etc.						<u> </u>	TIE IN THIS SE	
City & State			City & State			4. FEI Number 65-0966			Applied For Not Applicable
Zip	C	Country	Zip	Cour	ntry	5. Certificate of	f Status Desired		8.75 Additional
	6. Name and	d Address of Curre	nt Registered Agent			7. Name and A	ddress of New		
					Name				
HYATT, GILBERT E III 300 S.E. 9TH COURT					Street Addres	s (P.O. Box Number	is Not Acceptab	ole)	
POMPANO BEACH FL 33060									
					City	<u> </u>	<u>, </u>	FL	Zip Code
8. The above	named entity su	bmits this statemen	t for the purpose of char	nging its register	red office or regis	tered agent, or both,	, in the State of F	lorida.	
SIGNATURE .	Signature, typed or pri	bmits this statemen inted name of registered ag	ent and title if applicable. 10. Amount	(NOTE: Registers	ed Agent signature requ ibutions	ired when reinstating)	11. MAKE CHI	DATE ECK PAYABLE	TO DEPT. OF STATE FEE INFORMATION
SIGNATURE .	Signature, typed or pri ontributions on record.	inted name of registered ag \$990.00	ent and title if applicable. 10. Amount in FLOFII	(NOTE: Registers of Capital Contri	ed Agent signature requiributions \$99	0.00 STERED AND AC	11. MAKE CHI SEE REVE	DATE ECK PAYABLE TERSE SIDE FOR	FEE INFORMATION
SIGNATURE .	Signature, typed or pri ontributions on record.	\$990.00 WERAL PARTNER eneral Partners	ent and title if applicable. 10. Amount in FLORI	(NOTE: Registers of Capital Contri	ed Agent signature requiributions \$99 MUST BE REGIN; an amendm	0.00 STERED AND AC	11. MAKE CHI SEE REVE TIVE WITH TI to change a g	DATE ECK PAYABLE TERSE SIDE FOR	FEE INFORMATION
9. Capital Co as Shown	Signature, typed or pri entributions on record. A GEN NOTE: Go	\$990.00 WERAL PARTNE eneral Partners GENERAL PARTN	ent and title if applicable. 10. Amount in FLORI R THAT IS A BUSINE MAY NOT be change	(NOTE: Register of Capital Contr IDA to date. SS ENTITY M d on the form	ed Agent signature requiributions \$99 MUST BE REGIN; an amendm	0.00 STERED AND AC	11. MAKE CHI SEE REVE TIVE WITH TI to change a g	ECK PAYABLE T RSE SIDE FOR HIS OFFICE. general partr	FEE INFORMATION
SIGNATURE . 9. Capital Co as Shown	Signature, typed or pri entributions on record. A GEN NOTE: GO HYATT, GILB 300 S.E. 9TH	\$990.00 WERAL PARTNE BENERAL PARTN GENERAL PARTN ERT E III	ent and title if applicable. 10. Amount in FLORI R THAT IS A BUSINE MAY NOT be change	(NOTE: Register of Capital Contr IDA to date. SS ENTITY M d on the form	ed Agent signature requiributions \$99 MUST BE REGIN; an amendm	0.00 STERED AND AC	11. MAKE CHI SEE REVE TIVE WITH TI to change a g	ECK PAYABLE T RSE SIDE FOR HIS OFFICE. general partr	FEE INFORMATION
9. Capital Co as Shown: 12. DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT #	Signature, typed or prioritributions on record. A GENNOTE: GO HYATT, GILBI 300 S.E. 9TH POMPANO BI	\$990.00 NERAL PARTNEI ENERAL PARTNES GENERAL PARTN ERT E III I COURT EACH FL 33060	ent and title if applicable. 10. Amount in FLORI R THAT IS A BUSINE MAY NOT be change	(NOTE: Register of Capital Contri IDA to date. ESS ENTITY N ed on the form 13. STR	ed Agent signature requiributions \$99 MUST BE REGIN; an amendm	0.00 STERED AND ACent must be filed	11. MAKE CHI SEE REVE CTIVE WITH TI to change a g ADDRESS CI	DATE ECK PAYABLE 1 RSE SIDE FOR HIS OFFICE. General partr HANGES ONLY	ner.
9. Capital Co as Shown: 12. DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	Signature, typed or prioritributions on record. A GEN NOTE: Go HYATT, GILB 300 S.E. 9TH POMPANO BI HYATT, PATT 300 S.E. 9TH	\$990.00 NERAL PARTNEI ENERAL PARTNES GENERAL PARTN ERT E III I COURT EACH FL 33060	ent and title if applicable. 10. Amount in FLORI R THAT IS A BUSINE MAY NOT be change	(NOTE: Register of Capital Contri IDA to date. SS ENTITY N ed on the form 13. SIF	ed Agent signature requiributions \$99 MUST BE REGION; an amendm	0.00 STERED AND ACent must be filed	11. MAKE CHI SEE REVE CTIVE WITH TI to change a g ADDRESS CI	DATE ECK PAYABLE 1 ERSE SIDE FOR HIS OFFICE. general partr HANGES ONLY	ner.
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