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52003 USA 52003 USA 52003 USA 5. Centricate of Status Desired 7. Name and Address of Current Registered agent Name 7. Name and Address of Current Registered agent 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. Election Campaign Financing 10. OFFICERS AND DIRECTORS INK INK STREET ADDRESS 2040 South Current Correction	Applied For Not Applicable
Name Penny-Ottvez- DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE STREET ADDRESS DOLLAR SOLUTION OF THE PENNY-OTTVEZ SUBJECT ADDRESS DOLLAR SOLUTION OF THE PENNY-OTTVEZ STREET ADDRESS DOLLAR SOLUTION OF TRANSPORTATION OF THE PENNY-OTTVEZ STREET ADDRESS DOLLAR SOLUTION OF THE PENNY-OTTVEZ STREET ADDRESS DOLLAR SOLUTION OF THE PENNY OF THE PEN	\$8.75 Additional Fee Required
City Brocksuille 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It the obligations of registered agent. SIGNATURE Signature. typed or pured name of registered agent and its # applicable. (NOTE: Registered Agent signature registered agent, or both, in the State of Florida. It is applicable. Signature. typed or pured name of registered agent and its # applicable. Using y 1. Fee is \$550.00 After May 1. Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS INLE NAME Sonly Kahle	Lare
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. If the obligations of registered agent. SIGNATURE Signature, hyped or purbed name of registered agent and its # applicable. Signature, hyped or purbed name of registered agent and its # applicable. (NOTE: Registered Agent signature required when reinstating) January 1: May 1: Fee is \$150,00	FL Zip Code /3605
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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 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; if of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ap attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE: Date	er certify that the information

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