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B4 City FL 85 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application agent and table is applicable. OFFICERS AND DIRECTORS Intre OFFICERS AND DIRECTORS Intre OFFICERS AND DIRECTORS Intre DATE Intre OFFICERS AND DIRECTORS Intre				82 Street	Address (P.O. Box Number is Not Accepta	ible)	
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the obligations of, Section 607.0505, Florida Statutes. DATE GNATURE Signature, typed of printed name of registered agent and the if applicable. (NOTE: Registered Agent digitative required when reinstating) DATE Signature, typed of printed name of registered agent and the if applicable. (NOTE: Registered Agent digitative required when reinstating) DATE E PD ITTRE ITTRE ITTRE ARE TERMAN, JOSEPH 13 STREET ADDRESS Change A #EET ADDRESS STD DELETE 11 TTLE ITTLE Change A #E STD DELETE 13 STREET ADDRESS 5931 SW 110 WeAG Change A #E STD DELETE 31 TTLE 31 TTLE STAWAG STREET ADDRESS 5931 SW 110 WeAG Change A #E V COOPER CITY FL 31 STREET ADDRESS 5931 SW 110 WeAG WeAG A A A A A A A A A A A A A A A A A A A				83			
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A ST-ZIP A Chinesizar A String of Chinesizar 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 certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar	SUNRISE FL 33326 Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. 1 am familiar with, and accept the SNATURE Signature, typed or printed name of registered agent, and accept the STATURE Signature, typed or printed name of registered agent, and accept the STATURE PD E PD E PD E STD E TERMAN, RAYMOND 5202 SW 122ND TERR. COOPER CITY FL E E E COOPER CITY FL E E E E E E E E E E E E E E E E E E E E E E E	e State of Florida. e obligations of, Se stered agent and title if ap ERS AND DIRECT	Such change was authorised in 607.0505, Florida	84 City the above-named orized by the corporstatures. istered Agent signature of 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	SP31 JW 112 Content of a comparison of the comparison of	FL	RS IN 12 RS IN 12 Addition Add
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