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WILSON, ROBIN A 200 SE 1STH ROAD SUITE 9C MIAMI FL 33129	Σtþ	25	29			Florida Statutes	Ves VNo	s. 199.032,
20 SE 15TH ROAD SUTE 9C MANI FL 33 129       Street Address (P.O. Box Number is Not Acceptable)         93       94       City       FL       95       Zp. Code         Pursant to the providence of Sections 607 0502 and E07 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or register a generic in both in the Statement to the purpose of changing its registered office or register a generic in both in the Statement down of the opportunits the statement for the purpose of changing its registered office or register a generic in both in the Statement down of the opportunits the statement for the purpose of changing its registered office or register a generic in both in the Statement down of the opportunits is the appointent in a providence of Statement as registered down of purpose of statement as registered office in the interview of purpose of statement agenesit in the interview of the opportunits of a genesit in the purpose of changing its registered office in the interview of purpose of the opportunits of a genesit in the appoint of the opportunits of a genesit in the appoint of the opportunits of a genesit in the appoint of the opportunits of a genesit in the appoint of the opportunits of a genesit in the appoint of the opportunits of a genesit in the appoint of the opportunits of a genesit in the appoint of the opportunits of a genesit in the appoint of the opportunits of a genesit in the appoint of the opportunits of a genesit in the appoint of the opportunits of a genesit in the appoint of the opportunits of a genesit in the appoint of the opportunits of a genesit in the appoint of the opportunits of a genesit in the appoint of the opportunits of a genesit in the appoint of the opportunits of a genesit in the appoint of the opportunits of a genesit in the appoint of the opportunits of a genesit in the		and the supervised supervised and the supervised superv	ess of Current Registe	ored Agent	81 Name	10. Name and Address of New F	Registered Agent	
SUTE 6C MIANI FL 33129	200 \$	SE 15TH ROAD			82 Street Add	dress (P.O. Box Number is Not Accept	able)	
The solute to the provisions of Section's 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent of both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent agent or the purpose of the constraints of sources. Thereby accept the solution and accept the constraints of sources. Thereby accept the solution and accept the constraints of sources. Thereby accept the solution and accept the constraints of sources. Thereby accept the solution and accept the constraints of sources. Thereby accept the solution and accept the constraints of sources. Thereby accept the solution and accept the constraints of sources. Thereby accept the solution and accept the constraints of sources. Thereby accept the solution and accept the constraints of sources. Thereby accept the solution and accept the constraints of sources. Thereby accept the solution and accept the constraints of sources. Thereby accept the solution and accept the constraints of sources. Thereby accept the solution and accept the constraints of sources. Thereby accept the constress of sources. Thereby accept the constraints of sources. Thereb	MIAN	11 FL 33 128					as Zio	Codo
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Me     WILSON, ROBIN A     12 NAME       VEETADRESS     13 STREET ADDRESS       V. St. ///     14 OUT-ST-2P       MIAMI FL 33 129     DELETE       21 KOULSS     23 STREET ADDRESS       VS. //     23 STREET ADDRESS       22 KAME     23 STREET ADDRESS       VS. //     23 STREET ADDRESS       VS. //     23 STREET ADDRESS       VS. //     24 CUTY-ST-2P       VS. //     24 CUTY-ST-2P       VE     0 DELETE       21 ADJOINTS     33 STREET ADDRESS       VS. //     33 STREET ADDRESS       VS. //     34 CUTY-ST-2P       VF     24 NAME       VF     23 STREET ADDRESS       VS. 12 //     44 CUTY-ST-2P       VF     24 NAME       VF     21 NAME	GNATURE					uired when reinslating)	DATE	
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63 STREET ADDRESS     63 STREET ADDRESS     64 CITY-ST-ZIP     64 CITY-ST-ZIP     64 CITY-ST-ZIP     64 CITY-ST-ZIP     1 do hereby certily 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; the     lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	GNATURE 	DPS WILSON, ROBIN A 200 S E 15TH RO/	e of registered agent and the if	Apple acte (N) (C)RS DELETE DELETE DELETE DELETE	DTE Rogissered Agent eigneture requirements 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.7 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS	uired when reinslating)	DATE ICERS AND DIRECTO Change Change Change	PRS IN 12 Addition
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am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	GNATURE I. I. I. I. I. I. I. I. I. I.	DPS WILSON, ROBIN A 200 S E 15TH RO/	e of registered agent and the if of FICERS AND DIRECT	eppie acie (N) (C)FAS DELETE DELETE DELETE DELETE DELETE	DTE Registered Agent eigneture requirements 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CiTY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE 6.2 NAME 6.3 STREET ADDRESS	uired when reinslating)	DATE ICERS AND DIRECTO Change Change Change Change	PRS IN 12 Addition
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