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Secretary of State

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STATEMEN FOR CORPO		ERED OFFICE OR REGISTERED AC	GENT OR BOTH	:
Pursuant to the statement of ch				
1. The name of		•		
2. The principa				
3. The mailing	address (if different):			
4. Date of incor	05429			
	nd street address of the current regurtment of State: (If resigned, enter	gistered agent and registered office on file w er resigned)	ith the	· ·
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	Tallahassee, FL 32301		Secretary	
6. The name an (if changed):		ered agent (if changed) and /or registered of	fice	:
	C T Corporation System	·	_	;
	1200 South Pine Island Road		-	
		P.O. Box NOT acceptable	_	
	Plantation, Florida 33324		~~	
The street addr	ress of its registered office and the identical.	ne street address of the business office of i	ts registered agent,	
Such change wanthorized by t	ras authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer so	
Sign from	Janear.	John Fanneron, President		
SINNE	nig of an officer of director	Printed or typed reme and I	ifle	
l furthër agree of my dutiës, a docunent is be	to accomply with the presidence of	agent and agree to act in this capacity, fall statutes relative to the proper and cort the obligation of my position as registerenge in the registered office address, I here change.	nplete performance d agent. Or, if this by confirm that the	
Carolin Pyrishers		09/24/2021		
Si	gradure of Registered Agent	Date	<u> </u>	
If signing on b	ehalf of an entity:			
Candice Pig	nataro, Assistant Secretary			
	Typed or Printed Name	_		

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