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220 NORTH U. S. PIGHNAY 301 TAMPA R. 3019  2. Principal Place of Business  3. Mailrog Address Socie. Apr. #. etc.  City & State	•					/ <sub>*,</sub>					-		
Suito, Apt. 4, etc.    City & State	2230 NORTH U.S. HIGHWAY 301			2230 NORTH U S HIGHWA	AY 301								
Side Apt. 4, etc.    City & State   City & State   City & State   City & State   A. FEI Number   59-2127013   Application   Application   A. FEI Number   59-2127013   Application   Application   A. FEI Number   59-2127013   Application   Ap			:							HE		18K 9480 1440	
City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Signation  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Proride.  Signature, lyred or printer rand of registering lights tool bit if splutedule.  Portice Registered Agent services agent, or both, in the State of Proride.  Signature, lyred or printer rand of registering lights tool bit if splutedule.  Signature, lyred or printer rand of largement lights tool bit if splutedule.  Signature, lyred or printer rand of largement lights tool bit if splutedule.  Signature, lyred or printer rand of largement lights tool bit if splutedule.  Signature, lyred or printer rand of largement lights tool bit if splutedule.  Signature, lyred or printer rand of largement lights tool bit if splutedule.  Signature, lyred or printer rand of largement lights tool bit if splutedule.  Signature, lyred or printer rand of largement lights tool bit if splutedule.  Signature, lyred or printer rand of largement lights tool bit if splutedule.  Signature, lyred or printer rand of largement lights tool bit if splutedule.  Signature, lyred or printer rand of largement lights tool bit if splutedule.  Signature, lyred or printer rand of largement lights tool bit if splutedule.  Signature, lyred or printer rand of largement lights tool bit if splutedule.  Signature, lyred or printer rand of largement lights tool bit if splutedule.  Signature, lyred or printer rand of largement lights tool bit if splutedule.  Signature, lyred or printer rand of largement lights tool bit if splutedule.  Signature, lyred or printer rand defends to do acc.  Signature, lyred or printer rand of largement lights tool bit if splutedule.  Signature, lyred or printer rand defends to do acc.  Signature, lyred or printer rand defends to do a						<del></del>	_					(B))	
Zip Country Zip Country S. Certificate of Status Desired S8.7.5 Addite Fave Required  8. Name and Address of Current Registered Agent Name  MACKINCN, A. D. 334 BLANCA AVENUE TAMPA FL 33606  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.  SIGNATURE Symbols to settler is not acceptable)  9. This corporation is eligible to settler is training the most and elects to do so.   After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Statement of State Statement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Statement of Statement of State Statement of Statement of State Statement of Statement o	Suнв, Арт. і	#, etc.	•	Suite, Apr. #, etc.				····	DONOIW				
B. Name and Address of Current Registered Agent      MACKINNON, A. D.     334 BLANCA AVENUE     TAMPA FL 33606  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  STREET ADDRESS  Control on back)  City  FL Zip Code  After MAY 1, 2001 Fee will be \$550.00  Make Check Peyable to Department of State  GEHRIG, GREGORY  STREET ADDRESS  CONTST-2P  TILL  NAME  STREET ADDRE	City & State			City & State			4. 1	El Number	59-21270	113	<del>  </del>	Applied For Not Applica	_
MACKINNON, A. D. 334 BLANCA AVENUE TAMPA FL 33606  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Riorida.  SIGNATURE  9. This corporation is eligible to satisfy its Intargible Tax filling requirement and extent to do so. (See criteria on back) Discorporation is eligible to satisfy the Intargible After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  11.	Zip	Country	***	Zip	Count	try	5. (	Certificate of	Status Desired	<b>:</b> 🗆			
MACKINNON, A. D. 334 BLANCA AVENUE TAMPA FL 33606  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  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.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550.00 Adde Chock Payable to Department of State  11. OFFICERS AND DIRECTORS IT  TIME ST OBJECTORS IT  TIME ST OBJECTORS IT  TAMPA FL 33619  TIME NAME SIRET ADDRESS CITY-ST-2P  TAMPA FL 33611  TIME NAME SIRET ADDRESS CITY-ST-2P  TAMPA FL 33611  TIME NAME SIRET ADDRESS CITY-ST-2P  TAMPA FL 33611  TIME NAME SIRET ADDRESS CITY-ST-2P  TIME NAME SIRET ADDRESS		6. Name and Addre	ss of Current F	Registered Agent		Name	7. I	lame and A	ddress of New	Registered	Agent		ᆗ.
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13. 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	NAME STREET ADDRESS		•	☐ Delete	NAME STREE	T ADDRESS					☐ Change	Additi	on
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