Entity Name		NESS REPO 0000792	DRT	(UBR	•	FIL May 12, 20 Secretary	ED)02 8: ⁷ of St	00 an ate
GROUP PLAN CL	INIC, INC.					05-12-2002 9062	5 040 ***15	50.00
Principal Place of Business 24 GREENWAY PLAZA		Mailing Address						
SUITE 725 STE		STE 400	6850 COLUMBIA GATE WAY DR. STE 400					
HOUSTON TX 77046		Columbia MD 21046 US						
Principal Place of Busi	ness	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN TH	IS SPACE	
City & State		City & State			4. F	El Number 74-2017248		oplied For ot Applicable
Zip	Country	Zip	Coun	itry	5. (Certificate of Status Desired	\$8.75 Add Fee Require	ditional
6. Name and Address of Current Registered Agent			<u> </u>			7. Name and Address of New Registered Agent		
		میں میں میں میں اور	ж	Name	· • · ·	وسنعه مومدان الربي والمهام سيور مح ودادا الدارمين وعدام		
CORPORATION SER 1201 HAYS STREET			**	Street Add	dress (P.O. B	lox Number is Not Acceptable)		
TALLAHASSEE FL 3								-
ş ^{*:}				City		F	L Zip Cod	le .
The above named enti	ty submits this statement for t	the purpose of changing it	s registere	ed office or r	egistered ag	ent, or both, in the State of Florida.	-	
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GNATURE	or printed name of registered agent an	d title if applicable. (NO	TE: Registered	d Agent signature	a required when re	instating) DATI	E	
. This corporation is elig	ible to satisfy its Intangible	FILE NOW	III FEE	IS \$150.00	0	10. Election Campaign Financing	\$5.0	0 May Be
Tax filing requirement (See criteria on back)	and elects to do so.	After May 1, 20 Make Check Paya				Trust Fund Contribution.		to Fees
	OFFICERS AND D		12.					
		Delete				DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
			TITLE		P		ND DIRECTOR	S IN 11
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