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2. Principal F	Place of Business	3. Mailing Address								
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	·	<u> </u>			4. FEI Numbe				plied For	7
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Zìp	Country	Zip	Country		5. Certificate	of Status Desired		3.75 Add Required		]
	6. Name and Address of Current	Registered Agent	Nar	ne .	7. Name and	Address of New Re	istered Age	กา		+
NELSON, GARY 11621 CARROLLWOOD DR.					P.O. Box Numbe	r is Not Acceptable)	<del></del> -	~		$\frac{1}{2}$
			<b>)</b> —	<del></del>						1
TAMPA FL	L 33618		City	<del>,</del>			FL	Zip Code	e	1
6. The above	named entity submits this statement for	or the purpose of changing its re	egistered offic	e or register	red agent, or bot	h, in the state of Florid				1
	•				•					1
SIGNATURE	Signature, typed or printed name of registered agent	and this it applicable. (NOTE:	Registered Apent	Bionature required	when reinstating)		DATE			•
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