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| EALA CHINNID PA 19004 2. Principal Place of Business Sulfa, Apl R. 40. Sulfa, Apl R. 40. Sulfa, Apl R. 40. City & State Ci | · | | | · · | | | | 08-08-2000 9 | 0026 00 | 9 ***550 | 0.00 | |
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| Size Country Zip Country Zip Country S. Certificate of Statutu Desired Statut Desired Stat | Suite, Apt. | #, etc. | 1. | Suite, Apt. #, etc. | | | | DO NOT WRITE | IN THIS SF | ACE | | |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C. T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Cry Cry Cry Cry Cry 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 Florida. SIGNATURE Symutation is explicit to easibly file triangulate for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Symutation is explicit to easibly file triangulate for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Symutation is explicit to easibly file triangulate for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Symutation is explicit to easibly file triangulate for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Symutation is explicit to easibly file triangulate for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE: SIGNATURE Symutation is explicit to easibly file triangulate file advices in color on a comparing Financing Symutation is explicit to easibly file triangulate file advices in color on a color of the symutation is explicit to easibly file triangulate file advices file and triangulate file and triangulate file advices file and triangulate file advices file and triangulate file and manageness of the file of the file of the colo | City & State | e | | City & State | | | 4. | FEI Number 23-2843103 | 3 | | |] |
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| Sirbet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City | | 6. Name and | Address of Current Re | legistered Agent | | | 7. (| Name and Address of New Re | | | | _ |
| ### 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code | | | | • | | Name | | | | | | |
| 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 Symmat, typed or pursen review of registered agent, or both, in the State of Florida. SIGNATURE Symmat, typed or pursen review of registered agent, or both, in the State of Florida. INTER Payment Agent signature and elects to do so. (See criteria on back) INTER PAYMENT TO CHTCHES AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO CHTCHES AND DIRECTORS IN 11 NAME FAUGHANAN, THOMAS SINEE ADDITIONS/CHANGES TO CHTCHES AND DIRECTORS IN 11 NAME FAUGHANAN, THOMAS SINEE ADDITIONS/CHANGES TO CHTCHES AND DIRECTORS IN 11 NAME SOUD CENTRE SQUARE WEST PHILADELPHIA PA 19102 Delete ITIE C Delete TIE SOULIRE, LINDA SINEE ADDITIONS/CHANGES TO CHTCHES AND DIRECTORS IN 11 NAME SINEE ADDITIONS/CHANGES TO CHTCHES AND DIRECTORS IN 11 THE SOULIRE, LINDA SINEE ADDITIONS/CHANGES TO CHTCHES AND DIRECTORS IN 11 NAME SINEE ADDITIONS CHANGES CITY-ST-2P PHILADELPHIA PA 19102 Delete TIE C Delete TIE SCHAEFER, JOHN E Delete TIE DELIVER, LINDA SINEE ADDITIONS CHANGES CITY-ST-2P PHILADELPHIA PA 19102 TIE Delete TIE Delete TIE Delete TIE Delete TIE Delete TIE Delete TIE DELIVER, LINDA SINEE ADDITIONS CHANGES CITY-ST-2P THE MAME SOULD PETER G SOUL DELETE, LINDA SINEE ADDITIONS CHANGES CITY-ST-2P THE MAME SOUL DELETE, LINDA SINEE ADDITIONS CHANGES CITY-ST-2P THE MAME SOULD PETER G SOUL DELETE DELETE TIE TIE DELETE TIE TIE TIE TIE TIE TIE TIE | 1200 SOUTH PINE ISLAND ROAD | | | | | | s (P.O. 8 | Box Number is Not Acceptable) | | | | 1 |
| ### Signature Part | . FLA | INTATION FL 3 | 13324 | | | | | | | | |] |
| SIGNATURE 9. This corporation is eligible to satisfy its imangible Tax hing equirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State 11. | • | | | City | | | FL | Zip Code | 9 | | | |
| 9. This corporation is eligible to satisfy its intangible fraction is eligible to do so. (Soc criticals on back) 1. | 8. The above | named entity su | bmits this statement for th | ne purpose of changing its | registere | ed office or regis | tered ag | ent, or both, in the State of Florid | da. | • | |] |
| 9. This corporation is eligible to satisfy its intangible fraction is eligible to do so. (Soc criticals on back) 1. | | | | | | | | | | | | |
| Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min, will be \$750.00 Taust Fund Controlution. St. 00 May Be Added to Fees | SIGNATURE . | Signature, typed or pro | nted name of registered agent and | title if applicable. (NOTE | . Registere | d Agent signature requ | ired when re | einstating) | DATE | | | |
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