OCUMEN Entity Name CHENCK TREB	10000	0000805	in a suite	SECRE TARY OF STATE	
				01 DEC 20 PM 4: 41	
incipal Place of Busin	ess	Mailing Address			
5 Acorn Street Eer Park ny 11729-36	3 <b>96</b>	535 ACORN STREET DEER PARK NY 11729-3	3698		
Principal Place of Bu	siness	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		BET STATEMENT DI	
City & State		City & State		A EEL Number	
Zip	Country		Country	11-34/4354 Not Applicable	
6 Nan	ne and Address of Current F	Pegistered Agent	······	5. Certificate of Status Desired      70. Yadottional     Fee Required     7. Name and Address of New Registered Agent	,
بيوني بعر الترجيب وتح			Name_		
Corporation Sei 1201 Hays Stree			Street /	Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 3					
			City	FL Zip Code	
The above named en	tity submits this statement for	the purpose of changing i	its registered office of		
	ntity submits this statement for		its registered office c an Courtney its agent	r registered agent, or both, in the State of Florida.	
The above named en	61	81	s its agent		
SNATURE	No or printed name of registered sparra	Ba No title if applicable. (NC	Its agent OTE: Registered Agent signa	r registered agent, or both, in the State of Florida. 10-15-01 Are required when reinstating) 00	
SNATURE	to or printed name of registered norms	88 he trie if applicable. (No FILE-NOV After September	TE: Registered Agent signa	r registered agent, or both, in the State of Florida. 13 - 18 - 01 ture required when reinstating) 00	
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