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COHEN, SANFORD H 9705 SW 133 CT MAMI FL 33186 Forsevent to the provisions of Sectors 607 0502 and 607 1506. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered equation of the categories of Sectors 607 0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered equation of the categories of Sectors 607 0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered equation of the categories of Sectors 607 0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered equation of the categories o	2	and a second	29	30		Florida Statutes	Yes INO		
9706 SW 133 CT MAAH FL 33168 Image: Street Address (P. O. Box Numbor is Not Acceptable) Present in the previous of Sections 607 0502 and 607 1506. Fordia Statutes, the above semed corporation's board of directors. I horreby accept the supported is registered agent, or both, in the State of Director State support and the statement for the purpose of changing its registered agent, or both, in the State of the other semed corporation's board of directors. I horreby accept the supported is registered agent, or both, in the State of the other semed corporation's board of directors. I horreby accept the supported is registered agent and the registered agent and the registered agent and the registered agent agent and the registered agent a			Heğiştered Ağent	81	Name	10, Name and Address of New P	tegistered Agent		
Particular to the provisions of Sectors 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purceed of changing its registered agent, or both, in the State of Dick Such change was authorized by the corporation submits this statement for the purceed of changing its registered agent and tark factors and the factor	9705 SW 133 C	T		82	Street Add	ress (P.O. Box Number is Not Accept	able)		•••••
Pursuant to the provisions of Sectors 607 0502 and 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent i and the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent i and the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent i and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent i and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent i and the directors of the corporation of the state o	MIAMI FL 33186)		83		<u></u>			
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Y-SI-2# I do 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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same tegal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.	Ideal Signature Typed of LE PD COHEN, S ME 9705 SW MIAMI, FL LF VO COHEN, F Y-ST-ZIP MIAMI, FL VO LF VO COHEN, F ME 9705 SW MIAMI, FL LF VO COHEN, F ME 9705 SW MIAMI, FL LF VO COHEN, F 9705 SW MIAMI, FL MIAMI, FL LE MIAMI, FL MIAMI, FL ME REFLADORESS NE NE NE ME REFLADORESS NE NE IF ME ME REFLADORESS NE NE IF ME NE ME REFLADORESS NE IY-S1-ZIP NE NE IF NE NE ME NE NE NE ST-ZIP NE IF NE	r pt ntod name of registered agont a OFFICERS AND (SANFORD H 133RD CT 00000 PHYLLIS 133RD CT	and the If applicable (NC DIRECTORS	Lites, the above- sauthorized by ti forida Statutes. DTE: Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET AL 2.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET AL 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET AL 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET AL 5.4 CITY-ST- 6.1 TITLE	algnature require algnature require bDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	red when reinstating)	DATE DATE ICERS AND DIREC CCRS AND DIREC CCR CCR CCR CCR CCR CCR CCR	ange	Addition Addition Addition Addition
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