B. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent B. Name and Address of New Registered Agent D. Sood Suite, Apt. #, Etc. City Suite, Apt. #, Etc. City State BEDISTERED AGENT MUST SIGN Date Store Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Suite, Apt. #, Etc. City State State State State State State State State Spication of Department of Page State Registered Agent Registered Agent Agent 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax) 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the examption stated in Spicin 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any liability or one-compliance with Section 119.07(3)(k) in the event of the page of St. F.S. Individual access the control of the page of St. F.S. St. The public transment application the reason for dissolution has been eliminated, the corporate name statisties the requirements of section 607.0401; F.S. and that after fees owed by the corporation page been paid. The information page placed in the reason for dissolution has been eliminated, the corporate name statisties the requirements of section 607.0401; F.S. and that after fees owed by the corporation page been paid. The information is true and accurate, and my signature is hall have the same legal effect as if made under on the same legal effect as if made under on the same legal effect as if made under on the same legal effect as if made under on the same legal effect as if made under on the same legal effect as if made under on the same legal effect as if made under on the same legal effect as if made under on the same legal effect as if made under on the same legal effect as if made under on the same legal effect as if made under on the same legal effect as if made under on the same lega	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
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