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Coy State Tompos Fig. 28 Country 3 (Country Country App (Country App (Country B) Name and Address of Current Registered Agent MORRISON, THOMAS K 800 N FLORIDA AVE STE 1700 TAMPA FL 33802 80 do y FLORIDA AVE STE 1700 TAMPA FL 33802 81 do y FL 28 Street Address (F O Box Number is Not Acceptable) 82 Street Address (F O Box Number is Not Acceptable) 83 do y FL 28 FL			27	Suite, Apt. #, etc.		5. Certificate of Status Desired	7	
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600 N FLORIDA AVE STE 1700 TAMPA FL 33802 11. Pursuant to the provisions of Sections 607 0502 and 602 15568. Florida Statutes, the atlone harmed conjunction submits this statement for the purpose of changing list registered officer or registered agent, or both, in this State of Format. Such changing was authorized by the conjunction's bread of directors. Thereby accept the appointment as registered officer or registered agent, or both, in this State of Format. Such changing was authorized by the conjunction's bread of directors. Thereby accept the appointment as registered officer or registered agent, or both, in this State of Format. Such changing was authorized by the conjunction's bread of directors. Thereby accept the appointment as registered officer or registered agent. I am familiar with a management and the state of		g, Name and Add	aress of Current Regis	tered Agent	81 Name	10. Name and Address of New I	registered Agent	
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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 legal effect as if made under oath, that I am an officer or director of the sample of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name	11. Pursuant to or registere familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	d agent, or both, in to, and accept the obli- grative byed or protection CP CIUFFREDA, R 67 CRYSTAL S AVENEL NJ ST BRENNAN-BRC 67 CRYSTAL S	the State of Froncia. Such ligations of, Section 607. OFFICERS AND DIRECT OBERT IT OKS,GERALD C.	Change was authorized SOSS, Florida Statutes	es, the above named corporation's box. It is tiffle 12 NAME 13 STREET ACRESS 14 CITY-ST-ZP 2 1 TIGE 22 NAME 23 STREET ADCRESS 24 CITY-ST-ZP 3 1 TIGE 32 NAME 33 STREET ADCRESS 34 CITY-ST-ZP 4 1 TIGE 42 NAME 42 STREET ADCRESS 34 CITY-ST-ZP 5 1 TIGE 52 NAME 43 STREET ADCRESS 54 CITY-ST-ZP 6 1 TIGE 62 NAME 63 STREET ADCRESS 54 CITY-ST-ZP 6 1 TIGE 62 NAME 63 STREET ADCRESS	en when revisitated	rpose of changing its ricontinent as registered EATE TOCHS AND DIRECTO Change Change Change	egistered office agent. I am RS IN 12 Addition Addition Addition Addition
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SIGNATURE: N 908-634-0088	III. Pursuant to or registere familiar with siGNATURE street address city-st-zip title name street address city-street address city-stre	d agent, or both, in to, and accept the obline in the information indicates an officer or drespock 12 or Blick 1	mation supplied with this arted on this arroad root on the arroad on this arroad root of the arroad root of	Change was authorized SOSS, Florida Stabilies (STORS) DELETE DELETE DELETE DELETE DELETE DELETE	es, the above named corporation's book 13. 1 ** TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST-ZIP 2 ** TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST-ZIP 4 ** TITLE 42 NAME 43 STREET ADDRESS 34 CITY ST-ZIP 5 ** TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST-ZIP 5 ** TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST-ZIP 5 ** TITLE 62 NAME 63 STREET ADDRESS 54 CITY ST-ZIP 6 ** TITLE 62 NAME 63 STREET ADDRESS 54 CITY ST-ZIP 6 ** TITLE 62 NAME 63 STREET ADDRESS 54 CITY ST-ZIP 6 ** TITLE 62 NAME 63 STREET ADDRESS 54 CITY ST-ZIP 6 ** TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST-ZIP 6 ** TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST-ZIP 6 ** TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST-ZIP 6 ** TITLE 64 NAME 65 STREET ADDRESS 65 CITY ST-ZIP 6 ** TITLE 65 NAME 66 STREET ADDRESS 66 CITY ST-ZIP 6 ** TITLE 67 NAME 67 NAME 68 STREET ADDRESS 68 CITY ST-ZIP 68 STREET ADDRESS 69 CITY ST-ZIP 69 CITY ST-ZIP 61 STREET ADDRESS 61 CITY STREET ADDRESS 63 CITY STREET ADDRESS 64 CITY STREET ADDRESS 64 CITY STREET ADDRESS 65 CITY STREET ADDRESS 65 CITY STREET ADDRESS 66 CITY STREET ADDRESS 67 CITY ST	for the exemption stated in Section 11state and that my signature shall have the signature shall have s	ripose of changing its ricontinent as registered LiATE FICERS AND DIRECTO Change Change Change Change	egistered office agent. I am RS IN 12 Addition Addition Addition Addition Addition Addition Addition