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Suite. Apl. #, etc. Do NOT WRITE IN T City & State City & State Do NOT WRITE IN T City & State City & State 4. FEI Number 65-0021493 Zip Country Zip Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 9. NoRTH PALM BEACH FL 33:08 Stopp Agrees (PO. Box Number Agent Status Desired) 8. The above name finity submitsm's statement of the purpose of changing its registered office or registered agent, or both, in the State of Forkla SIGNATURE Stopp Agrees Agent sgature registered agent, or both, in the State of Forkla SIGNATURE OPFICERS AND DIRECTORS 11. OPFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS 13. OPFICERS AND DIRECTORS 14. WD 15. OPFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS 13. OPFICERS AND DIRECTORS 14. Nume 15. OPFICERS AND DIRECTORS 16. THE 17. OPFICERS AND DIRECTORS 18. THE 19. OPFICERS AND DIRECTORS 19. THE 10. BYERS, DIAN C. 11. OPFICERS AND DIRECTORS 12. ADDITION	Principal Place of Business		401 NORTHLAKE BLVD 2ND FLOOR NORTH PALM BEACH FL 33408-5406			
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13. I 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 furthe indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; the of the corporation or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name apper changed, or on an attachment with an address, with all other like empowered.	indicated o of the corp	on this report or supplemental report poration or the receiver or trustee emp	is true and accurate and that powered to execute this repor	my signature shall hav t as required by Chapt	ave the same legal effect as it made under oath: that I am an officer or director	