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I am an officer or director of the corporation or the receiver or trustee emoving di to accurate and that my signature sharinave the same regarened as in hade dath, that appears in Block 12 or Block 13 if changed, or on an attachment with products.	 Pursuant office or agent 1 a IGNATURE IGNATURE IGNATURE IGNATURE IRELADDRESS ITY - S1 - ZIP ILE AME TRELADDRESS ITY - S1 - ZIP ILE AME IRELADDRESS ITY - S1 - ZIP 	to the provisions of Sr registered agent, or br am familiar with, and a Signature, typed or printed na DP CHIPMAN, SEAR 3910 STONEHAV	oth, in the State of Florida coopt the obligations of, 5 are of represent agent and title if a OFFICERS AND DIRECT	Such change was a Section 607.0505, Flo applicable (NOTE ORS DELETE DELETE DELETE DELETE DELETE	84 City ss, the above-named couthorized by the corportida Statutes. Registered Agent signature registered Agent signature registered Agent signature registered Agent signature registered Agent address 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 City-ST-ZIP 3.1 TITLE 3.2 STREET ADDRESS 2.4 City-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 4.4 City-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 City-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 City-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	ation's board of directors. I hereb uired when reinslating)	or the purpo by accept the DA D OFFICERS	Change Change	Is registered registered IS IN 12 Addition Addition Addition