200	IUNI	FUKM B										
	MENT	# LO	00000	03313								
1. Entity Name LOBELLO-FESSLER INVESTMENTS			ENTS, L.L.C	, L.L.C.				FILED				
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	ce of Business	S .		ling Address		·						
620 N.W. 35TH STREET BOCA RATON FL 33431				620 N.W. 35TH STREET BOCA RATON FL 33431			1 S	ECRETARY C	FLOR	IDA -		
2. Principal I	Place of Busin	ness	3. M	ailing Address		<u> </u>	_		111 111 11 1111	8800 88 00 8 .)
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE /				
City & State			Ci	City & State			4. FEI N	√umber			VAI	oplied For
Zip		Country	Zij	<u> </u>	Count	Try					5.00 Add	ot Applicable
_ _	6 Nome	and Address of	,					ficate of Status Des e and Address of			ee Require	d
_HCDN C		and Address or	Current negiste	rea Agent		Name D		BELLO	new neg	istered A	Jenit	
HCRM CORP. 2200 CORPORATE BLVD., N.W., SUITE 401				-			R 20 Be 22 (P.O. Box Number is Nov.Acceptable)					
BOCA R	ATON FL 33	1431		•	.	B	74.00.		- ,			
						CityBoc,	A RAT	7 x /		FL	Zip Cod	131
					F.			-,-				
8. The above	e named entity	submits this state	ement for the pur	rpose of changing its	s registere			or both, in the State	e of Florid	a.		
	\times	etw.	ROB	elh	s registere	d office or reg			e of Florid		2-0/	
8. The above	\times	or printed name of registe	ROB	elh	Po	d office or reg	istered agent,	10	e of Florid	a. /-/2 DATE	2-0/	
	\times	etw.	ROB	pplicable. (NOT	TE: Registered	od office or reg	pistered agent, LOBE (iquired when reinstati	10	e of Florid		2-0/	
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SIGNATURE	\times	etus	ROB	pplicable. (NOT FILE N Make Check Pa	IE: Registered IOW!!! Fayable to	d office or reg	pistered agent, LOBE (iquired when reinstati	10	e of Florid		5/21	O+Suddition
SIGNATURE 9.	Signature, typed MGR LOBELLO	MANAGING	ROB erad agent and title if a	FILE N Make Check Pa	IE: Registered	d office or reg	pistered agent, LOBE (iquired when reinstati	10	of Florid			O Solution
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Date Daytime Phone #

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE