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Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL 33853 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SQUARM, 1908 or private name of registered agent and their application. NOTE Registered Agent spinus registered agent, or both, in the State of Florida. SIGNATURE SQUARM, 1908 or private name of registered agent and their application. NOTE Registered Agent spinus registered agent, or both, in the State of Florida. NOTE Registered Agent spinus registered agent, or both, in the State of Florida. SIGNATURE SQUARM, 1908 or private draws of motivate agent and their application. NOTE Registered Agent spinus registered agent, or both, in the State of Florida. NOTE Registered Agent spinus registered agent, or both, in the State of Florida. SIGNATURE SQUARM, 1908 or private of motivate agent and their application. NOTE Registered Agent spinus registered agent, or both, in the State of Florida. NOTE Registered Agent spinus registered agent, or both, in the State of Florida. SIGNATURE SQUARM, 1908 or private of motivate agent and their application. NOTE Registered Agent spinus registered agent, or both, in the State of Florida. NOTE Registered Agent agent agent and their application. NOTE Registered Agent		
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or pread name of registered agent and the Papplicable NOTE. Registered Agent should whan revinsating) ONTE PRILE NOW!!! PEE IS \$50:00 Make Check Payable to Department of State ADDITIONS/CHANGES ITILE MARK Check Payable to Department of State ADDITIONS/CHANGES ITILE MARK MALESTT SIREET ADDRESS OTV-ST-2P TITLE MARK ALPRODUCT Addition NAME SIREET ADDRESS OTV-ST-2P TITLE MARK SIREET ADDRESS OTV-ST-2P Delete TITLE Delete TITLE Delete TITLE MARK SIREET ADDRESS OTV-ST-2P TITLE Delete TITLE Delete TITLE MARK SIREET ADDRESS OTV-ST-2P TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete Delete Delete TITLE Delete D	130 EAST CENTRAL AVENUE	
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11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information	CITY-ST-ZIP ITILE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME	Addition Addition Addition
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee emprowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE MGRM Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete	Addition Addition Addition