MENT # LOOO	······································			
ne	COMPANY	€	DIVISION OF C	COF STATE
	معیشر «مینند» ا	-	OI SEP 26	RPORATIONS
ce of Business	Mailing Address	2	- JOEF < P 1	PM 4: 17
HWEST 79 PLACE 33015	19530 NORTHWEST 79 PLAC HIALEAH FL 33015	.CE		
				ARI 11811 BARRA 1111 ARK
Place of Business	3. Mailing Address		- I de la company de la compan	<i>A IIII IIII</i> III III
#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS SPACE	3
te and a second	City & State		4. Fig Number 104096	Applied For
Country	Zip	Country		Not Applicable O Additional
6. Name and Address of Currer			7. Name and Address of New Registered Agent	equired
& UTRERA, P.A.	ار مخید اواق <u>نیان د</u> د	Name Street Address	Bewanca Sands s (PO. Box Mumber is Not Acceptable)	
ERIA AVENUE GABLES FL 33134	÷ *	769		eel
ADLEO TE COSO.		City MIG		33131
named entity submit this statement	t for the purpose of changing its rer		<u> </u>	<u> </u>
(N - Destance	~ Dands	- impalium (egui	9501	
Signature; typeo or prisings.				
~ .		•	of State -09/28/0101060	
<i>L</i>		10.	ADDITIONS/CHANGES	
WILLIAM LASTIN	□ Delete	NAME	. Cha	hange Addition
19530 NW 791	PU	STREET ADDRESS CITY-ST-ZIP		
Tours Mr		TITLE NAME	□ Cha	nange 🔲 Addition
0000 N8896	Janas	STREET ADDRESS CITY-ST-ZIP	\$ *	
MA STREET	☐ Delete	TITLE	☐ Cha	nange
h	% *	NAME STREET ADDRESS		
OPERATION HANAL	GER · □ Delete	CITY-ST-ZIP	☐ Chai	nange 🔲 Addition
WILLIAM BASTIN		NAME Street address		
HIALEAH PL 33		CITY-ST-ZIP	□ Ch	Addition
ZONIAKIN MCGAI	MANALLE LI VIIILE VE	NAME	☐ Char	nange
NASSAU BOHMA	K	CITY-ST-ZIP		
, - I	☐ Delete	TITLE NAME	☐ Char	ange 🔲 Addition
ı	,	STREET ADDRESS		
		CITY-ST-ZIP		1
ertify that the information supplied with an this report is true and accurate accurate and accurate and accurate accurate and accurate accurate and accurate accurate accurate accurate and accurate a	ith this filling does not qualify for the d that my significate shall have the	ne exemption stated in Si	Section 119.07(3)(i), Florida Statutes. I further certify that t if made under oath; that I am a managing member or mar upter 608, Florida Statutes.	the information nager of the
H 3	ENTERPRISES LIMITED C e of Business WEST 79 PLACE 30015 lace of Business #, etc. Country 6. Name and Address of Currer & UTRERA, P.A. RIA AVENUE ABLES FL 33134 named Intity submit this statement Signature typed or printed name of resistered age MANAGING MEM REST DENT UILLIAM ASTIT 19530 NW 79 HIGHERATION ASSALL, FORENTIAM ASSALL OPERATION ASSALL OPERATIO	e of Business WEST 79 PLACE 19530 NORTHWEST 79 PLACE 19530 NORTHWES	e of Business e of Business Mailing Address Mailing Ad	BETTERPRISES LIMITED COMPANY OF SERVER TARY OF SERVER TARY