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6. Name and Add	Corrent Regi	stered Agent		, 7. Nan	ne and Address of New	<u> </u>	uired
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- A&P REGISTERED AGENT, INC.				Mdress (P.O. Box	Number to Not Accepta	ple) BIOSSON) [
MIAMI FL 33175					3.0.0		· 1 ··
			City	da Ado	E1	FL Zip	12/27
named entity submits	this statement for the	purpose of changing its re	egistered office o	r registered agent	or both, in the State of	Florida.	/// / / /
	lisa				;	4/26/20	m/
Signature, typed or printed na	ame of registered agent and title	if applicable. (NOT)	Registered Agent signa	ture required when reinsta	iting)	PATE	
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	ELL INTERNATION Ce of Business STERED AGENT, INC. TH AVE., SUITE 226- 179- Count Count Count AND STERED AGENT, INC. Re Count Count AND STERED AGENT, INC. Count The AVE., SUITE Signature, typed or printed ne	MENT # LOOOOO ELL INTERNATIONAL INVESTM Ce of Business STERED AGENT, INC. TRATIL County A 6. Name and Address of Current Region 137TH AVE., SUITE 226 137TH AVE., SUITE 226 33175 In named entity submits this statement for the signature, speed or printed name of registered agent and title MANAGING MEMBERS/ MGR LEZAMA, HERNAN EDUARDO % 2450 SW 137TH AVE., SUITE 226	MENT # LOOOOOO11958 ELL INTERNATIONAL INVESTMENTS, L.L.C. Dee of Business	MENT # LOOOOOO11958 ELL INTERNATIONAL INVESTMENTS, L.L.C. 20 of Business STERED AGENT, INC. THI ME. SUITE 226 173	TO ELL INTERNATIONAL INVESTMENTS, L.L.C. TO OF Business Mailing Address ***ASP REGISTERED AG ATT INC. 2'450 SWITSTITH AVE SITE 266 MIMMI FL 33175 3. Mailing Address S. Ovange Business S. Ovange B	MENT # LOOOOOO11958 BELL INTERNATIONAL INVESTMENTS, L.L.C. Deed Business Mailing Address Mailing Address	MENT # LO0000011958 FILED 2001 APR 30 PM 2: 20

11. 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 further certify that the information 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGE

AGER, OR AUTHORIZED REPRESENTATIVE

4/26/2.00,

Daytime Phone #