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6. Name and Address of Current Registered Agent Name	Zip	Country	Zip	Country			\$5.00 Ad	Iditional '
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Street Address (P.O. Box Number is Not Acceptable) Size Solid S				Nam		,	- Agent	
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 Decid		•		Stree	et Address (P.O. Box Number is No	ot Acceptable)	•	•
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