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The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and acc the obligations of registered agent. Signature, ipsel or printed one of registered agent. (NOTE: Registered Agent agent are statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and acc the obligations of registered agent. (NOTE: Registered Agent agent are statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and acc the obligations of registered agent. (NOTE: Registered Agent agent are statement for the purpose of changing its registered agent, or both, in the State of Fiorida Department of State (NOTE: Registered Agent agent are required when rematizing) (DATE	310 WEST-GEN	FRAL PARKWAY, SUIT	5-7000	2200		E 410 Acceptable)		
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