

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # L06000026571



### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Applied For	
-------------	--

Not Applicable
----------------

☐ **\$5.00** Additional Fee Required

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Make check payable to  
Florida Department of State**

10.	ADDITIONS/CHANGES
-----	-------------------

☐ Delete☐ Change    ☐ Addition

 Delete

☐ Change      ☐ Addition☐ Delete☐ Change    ☐ Addition☐ Delete☐ Change    ☒ Addition☐ Delete☐ Change    ☐ Addition

Notes

☐ Change    ☐ Addition

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone #