

**FILED**  
**Jul 18, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # L06000085041



### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

CR2E083 (12/06)

Applied For
Not Applicable

☐ **\$5.00** Additional  
Fee Required

7. Name and Address of New Registered Agent

Zip Code

DATE \_\_\_\_\_

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

10.	ADDITIONS/CHANGES
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

Daytime Phone # \_\_\_\_\_

813-633-9104

7/16/07 Date

813-~~63~~-9104