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15 JUN 23 PM 3:05

**Mailing Address**  
2131 BERKSHIRE DR  
TALLAHASSEE, FL 32304

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300274316643
CITY - ST - ZIP	00433-4501 01000 0000 0000 0000

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**SIGNATURE**

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

Date \_\_\_\_\_

E-MAIL ADDRESS

1@gmail.com