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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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B. If amending the registered agent and/or registered agent and/or the new registered office			irem o	a our re	cords, ent	er the	name of t	be new
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New Registered Agent's Signature, if changing Re-	sistered Ases	•				•	-7- 1,000	
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I hereby accept the appointment as registered the provisions of all statutes relative to the pro-	agent and a oper and con	gree (o a: n ple te pe:	ci in in Gorna	s capaci nce of my	g. / surine duties, ai	r agree rd I am	to comply familiar w	with and
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Page 1 of 2

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member below added or removed from our records:

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