

L16000050476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000285684260

05/23/16--01022--014 \*\*25.00

FILED

2016 MAY 23 P 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 27 2016

SWARREN

FILED  
MAY 18 P 2:58  
NEW REGISTERED AGENT  
DEPT. OF STATE  
FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>                   |
|--------------|-------------|----------------|---|
|              |             |                | <input checked="" type="checkbox"/> Add |
|              |             |                | <input type="checkbox"/> Remove         |
|              |             |                | <input type="checkbox"/> Change         |
|              |             |                | <input type="checkbox"/> Add            |
|              |             |                | <input type="checkbox"/> Remove         |
|              |             |                | <input type="checkbox"/> Change         |
|              |             |                | <input type="checkbox"/> Add            |
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|              |             |                | <input type="checkbox"/> Change         |
|              |             |                | <input type="checkbox"/> Add            |
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|              |             |                | <input type="checkbox"/> Change         |

FILED  
MAY 13 2008  
CLERK OF STATE  
TREASURY, FLORIDA

