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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THURMOND, JAMES 14356 SW 142 AVE MIAMI FL 33166 18 14. Dursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutas, the above-named corporation submits this atalement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Statutas, the above-named corporation's board of directors. I hereby accept the obgalance office or registered agent, or both, in the State of Florida. Statutas, the above-named corporation's board of directors. I hereby accept the obgalance office or registered agent, or both, in the State of Florida. Statutas, the above-named corporation's board of directors. I hereby accept the obgalance office or registered agent and intermed the information. 8004. THURMOND, JAMES 000000000000000000000000000000000000	п ^с	·		· -		(•••	
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officer of directory of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.	office or r agent. a SIGNATURE 2. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	egistered agent, or both, in t m familiar with, and accept t Signature, typed or printed name of re OFFIC PD THURMOND, JAMES 14358 SW 142 AVE. MIAMI FL 33186 T CONDIS, MARIO 5955 SW 5TH ST. MIAMI FL T SMITH, WENDELL 10477 SW 108 AVE #1 MIAMI FL 33176	Ine State of Florida the obligations of, 5 gistered agent and tible if CERS AND DIREC	Such change was au Section 607.0505, Flori applicable. (NOTE: TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	s, the above-named corr thorized by the corporated a Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appr red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Addit