2008 FOR PROFIT CORPORATION

FILED Mar 14, 2008 8:00 am

ANNUAL REPURI					Secretary of State				
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	6. Name and Addre	ss of Current Regis	tered Agent	Programme and the second			Fee R	Required	
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the obligation	e named entity submits thations of registered agent.	is statement for the p	urpose of changing its regist	ered office or regis	tered agent, or bot	h, in the State of Flori	ida. I am familia	r with, and a	ccept
SIGNATURE.								· ·	_
SIGNATURE.	Signature, typed or printed name	of registered agent and title i	applicable. (NOTE: Regar	ared Agent signature requi	red when reinstating)		DATE		_
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