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2001	UNII	FORM BU	DINE	55 KEPU	HI	(ARH	<u> </u>								
DOCUMENT # L9900002201  1. Entity Name															
HAPPY				FI	LED										
Principal Place	ling Address	·		01	001	- I PM	12: 17								
319 MOUNTAIN DRIVE				- \				RETAR	RY OF S	TATE					
DESTIN FL 32541									SEE, FL						
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2. Principal Place of Business				3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.						DO NOT W	RITE IN T	HIS SP	ACE		
City & State				City & State				4. FEI N	lumber	59-359	8487		Ap	pplied For	
Zip Country			Zi	Zip Cour			untry			·····			5.00 Add	ot Applicable	릭
									ficate of Sta			F	ee Require		
	6. Name	and Address of Curre	ered Agent		Name		7. Name	and Add	ress of Ne	w Registe	red Ag	jent		$\dashv$	
MATTHEWS, DANA C ESQ					سنة سيمان	Street Ad	dress (f	O-Box 1	lumber is N	lot Accept	able)			الله خسورية	= -
MATTHEWS & HAWKINS, P.A. 607 HIGHWAY 98 EAST												<del></del>	· · · · · · · · · · · · · · · · · · ·		$\dashv$
	STIN FL 32					City		<u>.</u>		<del></del>			Zip Cod		_
		· · · · · · · · · · · · · · · · · · ·				L						FL	210 000		4
8. The above	named entity	submits this statement	for the pu	rpose of changing its	register	ed office or r	register	ed agent,	or both, in t	the State o	Florida.				
SIGNATURE _	Signature typed	or printed name of registered agr	ent and title if	anolicable. (NOT)	Registere	d Agent signature	e required	when reinstat	na)			ATE			
						FEE IS \$5						· · · ·			7
				Make Check Pa	-	o Departm mber 26, 2		State							
9.		MANAGING MEM	REBS/MA		10.				L	ADDITIO	NS/CHAN	IGES .			4
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CITY-ST-ZIP	319 MOUNTAIN DRIVE DESTIN FL 32541					-ST-ZIP									
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indicated	on this repor	information supplied w t is true and accurate a y or the receiver or trus	nd that my	signature shall have	the same	e legal effect	t as if m	ade unde	roath; that	I am a ma	es. I furthe naging me	r certif ember	y that the in or manage	nformation er of the	