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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SINATURE Signature, tripled or printed rearro or registered spent and till of applicable. MOR	ON IDAZE LANGO I				- Name-						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SINATURE SQUADURE Department of the purpose of changing its registered Agent agents are required when minimating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS / MEMBERS INTEL MORRISE BURKE, MARY LOU 1427 GULF DRIVE NORTH BIRLE AGREES MGR BURKE, DAMES J STRETT AGREES STRETT	1427 GUI F DRIVE NORTH				Street Address (P.O. Box Number is Not Acceptable)						
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. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate apertual my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	TY-ST-ZIP			1					d	.cc	
	I. I hereby of indicated	certify that the information supplied on this reports true and accurate	with this filing does not qualify and that my signature shall hav	for the exe e the same	mption sta e legal effe	ted in Sect	ion 119.07(3)(de under oath	i), Florida Statutes that I am a man	. I further cert	tify that the in r or manage	nformation r of the