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2. Principal P	Place of Busin	ess	3. Mailing Address			'		 	88,81 81,38 61,51	11 6 01 0 41(1 00 7	
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Zip		Country	Zip	Coun	try	5. Certif	icate of Status Desired		\$5.00 Add	ditional	
	6. Name	and Address of Curren	nt Registered Agent	<u> </u>	NI-i	7. Name	and Address of New Re	egistered			
NORMAN,	CHRISTOP	HER H ESQ.			Name						
· HINES NO	ORMAN & A	SSOCIATES, P.L.			Street Add	dress (P.O. Box N	umber is Not Acceptable) 			
		ARK AVENUE							f		
tampa fl	_ 33606		•		City	" " "		F	Zip Cod	е	
8. The above	named entity	submits this statement	for the purpose of changing its	s registere	ed office or r	egistered agent,	or both, in the State of Flo	rida.			
SIGNATURE .	Signature, typed	or printed name of registered ages	nt and title if applicable. (NO	TE: Registere	d Agent signature	required when reinstati	ng)	DATE			
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