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Principal Place of Busines	is	Mailing Address			00 00	T 20 PM	11: 02	
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO	NOT WRITE IN	THIS SPACE	
City & State		City.& State		4. FEI	Number -		1	Applied For
City di State							9.7	Not Applicable
Zip	Country	Zip	Country	5. Ce	rtificate of Status	Desired	\$5.00 Fee Requ	Additional
6. Name	and Address of Curren	 nt Registered Agent		7. Nai	me and Address	of New Regist		11100
			Name					
SEMOK, KEITH A	. •		Street	Address (P.O. Box	Number is Not A	(cceptable)		
5540 NW 90TH AVE	•							
SUNRISE FL 33351						·		
	-		City				FL Zip (ode
The above named entit	ty submits this statement	for the purpose of changing its	registered office	or registered agen	t, or both, in the	State of Florida.		
SIGNATURE	or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Agent sign	nature required when reinst	tating)		DATE	
Signature, typed	d or printed name of registered ager		* _4_,				DATE	
Signature, typed	f or printed name of registered ager	FILE N	OW!!! FEE IS	\$50.00			DATE	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER