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Zip	Country Zip		ïp	Country			5. Certific	ate of Sta	atus Desired			.00 Ad	dditional		
6. Name and Address of Current Registered Agent					L		<u> </u>	7. Name	and Add	ress of New	Register				_
						Name									
SIMBACK, KEN 255 SOUTH ORANGE AVENUE, SUITE 1350						Street A	Address (P.0	O. Box Nu	mber is N	lot Acceptat	ole)				7
	) FL 32801	. AVENUE, SUITE	1000					· · · · · · · · · · · · · · · · · · ·							
1				ł		City			:		· 1	-L	Zip Co	de	ا ا
8. The above	named entity	submits this stateme	nt for the pu	urpose of changing its	registere	ed office o	or registered	agent, or	both, in t	the State of F	Florida.		<del>;</del>		-  !   
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SIGNATURE .	Signature, typed o	or printed name of registered a	agent and title if	applicable. (NOT	E: Registere	d Agent signa	ture required wh	nen reinstating	)		DA <sup>*</sup>	Ė			
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9. MANAGING MEMBERS /										ADDITION	S/CHANG	ES.			_
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11. I hereby of indicated	ertify that the on this report	information supplied is true and accurate :	with this filir and that my	ng does not qualify for signature shall have	the exer	nption sta legal effe	ited in Secti ect as if mad	on 119.07 de under o	(3)(i), Flo ath; that	rida Statutes I am a mana	. I further aging mer	certify nber or	that the manag	information er of the	
limited lial	bility company	y or the receiver or tru	istee empov	vered to execute this	eport as	required I	by Chapter	608, Florid	da Statute	es.	/				
SIGNAT	URE: _	Cien		O PROU		JAI	mes f	O. Cent	NER	41.	4/5	,			
	SIGNATURE A	ND TYPED OR PRINTED NA	ME OF SIGNING	MANAGING MEMBER, MAP	IAGER, OR	AUTHORIZED	D REPRESENTA	ITTVE	- 1	Date / /	1	Daytim	e Phone #		