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S643 TODD ROAD JACKSONVILLE FL 32218 B2 Streat Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code Pursuant to the provisions of Sectors 607,0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I ant hand in with, and acceptable obligators of Sector 607,0508, Florida Statules, Note the provisions of Sectors 607,0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I ant hand in with, and acceptable obligators of Sector 607,0508, Florida Statules, NATURE Sector and provide model meet diregistered agent and the information of Sector 607,0508, Florida Statules, NATURE Sector and provide model agent and the information of Sector 607,0508, Florida Statules, NATURE Sector and provide model meet diregistered agent agent and the information of Sector 607,0508, Florida Statules, NOTE Income information of Sector 607,0508, Florida Statules, NOTE Income information of Sector 607,0508, Florida Statules, NOTE Income information of Sector 607,0508, Florida Statules, Sector 60,0508, Florida Statules, NOTE Income information of Sector 607,0508, Florida Statules, Sector 60,0508, Florida Statules, Sector 60,0508, Florida Statules,	SK	***************************************		ered Agent	81 Name	10. Name and Address of New Rep	gistered Agent	
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The same to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Secton 607,0506, Florida Statutes. NATURE NATU	1 1 Mar 1							
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51-2P 1 do hereby certily 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; th	Pursuant t office or r agent 1 ar NATURE EFAJORESS SE 20 EFAJORESS SE 20 EFAJORESS SE 20 EFAJORESS SE 20 EFAJORESS SE 20 EFAJORESS SE 20 EFAJORESS SE 20 EFAJORESS SE 20 EFAJORESS SE 20 EFAJORESS	to the provisions of S egistered agent, or b im familiar with, and a Signature, typical or printed in DST SCHWAB, CHA S069 TOPPOYA JACKSONVILLE DP SKIPPER, ROB 6543 TODD RD	ections 607.0502 and 60 oth, in the State of Florida incept the obligations of, OFFICERS AND DIRECT RLES W. III IL LN. EFL	A. Such change was at Section 607.0505, Flor IORS DELETE DELETE DELETE DELETE DELETE DELETE	B4 City s, the above-named corr thorized by the corpora- ida Statutes. Replistered Agent signature requination 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ation's board of directors. I hereby acception and the second sec	FL urpose of changing its urpose of changing its DATE ERS AND DIRECTOR [] Change [] Change [] Change [] Change [] Change	s registered registered S IN 12 Addition Addition