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DOCUMENT # M9800001060							۔ ج
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						SECRETARY OF STATE	
Principal Place of Business Mailing Address 3740 BEACH BLVD., SUITE 306 3740 BEACH BLVD., SUITE						IALLAHASSEE, FLURIDA	
JACKSONVILL		Uč	3740 BEACH BLVD SU JACKSONVILLE FL 3220				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State			4. FEI Number Applied For	
			·			59-3525498 Not Applicab	e
Zip		Country	Zip	Coun	try ∑	5. Certificate of Status Desired - Fee Required	
	6. Name a	nd Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent	_
C T CORPORATION SYSTEM					Street Address (P.O. Box Number is Not Acceptable)		_
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324							
FLANTATI	ON FL 3002.	r			City	FL Zip Code	\neg
8. The above	named entity	submits this statement for	r the purpose of changing i	ts registere	ed office or regis	tered agent, or both, in the State of Florida.	-
SIGNATURE .		printed name of registered agent a				red when reinstating) DATE	
	Signature, typed or	printed name of registered agent a			d Agent signature requ		-
			FILE Make Check P		FEE IS \$50.0 o Department		
9.		MANAGING MEMBE		10.		ADDITIONS/CHANGES	
TITLE NAME	Mgrm Demetree,		🗋 Deteta	TITLI NAM		🗌 Change 🗌 Additio	-
STREET ADDRESS City-St-Zip		h Blvd., suite 306					m
		LLE FL 32207			ET ADDRESS - ST- ZIP		2E083 (
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