

FILED
May 02, 2008 8:00 am
Secretary of State

DOCUMENT # N03000009930

The seal of the State of Florida is a circular emblem. It features a central figure of a person standing on a small island, holding a staff with a cross at the top. The figure is surrounded by a wreath. The outer ring of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

CR2E037 (12/06)

Applied For
Not Applicable

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☒ Delete☒ Delete☐ Delete☐ **Solve**

104

☐ Change ☒ Addition☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☒ Addition

☐ On-line ☐ Print

33570

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Def

Daytime Phone # _____