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| City & State State City & State | | | PO BOX 78314 | | | | | | |
| Zip Country Zip Country S. Certificate of Status Desired St. 75 Austham Image: Stress of Current Registered Agent Image: Stress Agent and Address of Current Registered Agent Image: Stress Agent | · | | City & State | | 4. FEI Number | · · · · · · · · · · · · · · · · · · · | Appli | | |
| MORRIS, CLARICE 11017 TRACLEYNN DRIVE JACKSONVILLE, FL 32218 Nome 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 Poids Ten Entities with, and acceptable) 9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Poids Ten Entities with, and acceptable) 9. Election comparison of registered agent, 2006 00TE Impresent Agent dyname means and and and acceptable) Date 9. Election Comparison Financing \$55,00 May Bo Make check payable to Plorida Department of State 9. Election Comparison Financing \$55,00 May Bo Make check payable to Plorida Department of State 9. Election Comparison Financing \$55,00 May Bo Make check payable to Plorida Department of State 9. Election Comparison Financing \$55,00 May Bo Make check payable to Plorida Department of State 9. Election Comparison Financing \$55,00 May Bo Make check payable to Plorida Department of State 9. Election Comparison Financing \$55,00 May Bo Make check payable to Plorida Department of State 9. Election Comparison Financing \$55,00 May Bo Make check payable to Plorida Department of State 9. Election Comparison Financing \$2000000000000000000000000000000000000 | Zip | | 2ip 32226 | | 5. Certificate of Sta | tus Desired | \$8.75 Addition Fee Required | | |
| MORRIS, CLARICE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32218 Dry Dry 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 Porda. Len hamfler with, and ac the two obligations of registered agent, or both, in the State of Porda. Len hamfler with, and ac the two obligations of registered agent. Dott SIGNATURE State of Porda State of Porda. Dott Dott SIGNATURE OPFICERS AND DIRECTORS 9. Electron Campaign Financing State 10. OPFICERS AND DIRECTORS 11. Added to Fees Plorida Department of State 10. OPFICERS AND DIRECTORS 11. Added to Fees Plorida Department of State 10. OPFICERS AND DIRECTORS 11. Added to Fees Plorida Department of State 10. OPFICERS AND DIRECTORS 11. Added to Fees Plorida Department of State 10. OPFICERS AND DIRECTORS 11. Added to Fees Plorida Department of State 10. OPFICERS AND DIRECTORS 11. Added to Fees Plorida Department of State 10. OPFICERS AND DIRECTORS 11. Added to Fees Plorida Department of State 10.07 TRACI LYNN DRIVE | · <u></u> · · · | 6. Name and Address of Current | Registered Agent | Name | 7. Name and Addr | ess of New Registered / | Agent | | |
| In the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Piorida. I am familiar with, and ac the obligations of registered agent. SIGNATURE Junce Ju | 11017 TR/ | ACI LYNN DRIVE | | | | | | | |
| Inter colligations of registered agent. SIGNATURE Signam, godd prived prived prived mark information and third spokade. OPTE Registered Agent Spokade. DOTE Registered Agent Spokade. DOTE Registered Agent Spokade. DOTE Registered Agent Spokade. Signam, godd prived prived mark information and third spokade. Thing Fore is \$61.25 DO FRICERS AND DIFFECTORS Inter Colspan="2">DOPEN Colspan="2">Marke check payable to Floridade Department of State TO OPTICERS AND DIFFECTORS IN 10 The Domose inter Colspan="2">OPTICE Registered Agent Spokade. INTER D Delete The Domose inter Colspan="2">Sign Colspan="2">Added to Feed The Domose into Trace LYNN DRIVE Inter Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan | | ···· | | City | | FL | Zip Code | - | |
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| 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 dire 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: D. J. | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIF D MORRIS, CLARICE 11017 TRACI LYNN DRIVE JACKSONVILLE, FL 32218 D SAMPSON, MERCEDO 11017 TRACI LYNN DRIVE JACKSONVILLE, FL 32218 D BAKER, MARLON 11017 TRACI LYNN DRIVE | RECTORS | 11. TITLE DR.C.N. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDITIONS/CHANGE Arice Bik 20 DOX 2 Dacksond 200 | 8 TO OFFICERS AND DI 87 8314 1110 F (_3) 10663831 | Change [Change [Change [**\$1.29 | Addition | |
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