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l do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	Pursuant to registere amiliar with IATURE I ADDRESS SI-ZIP I ADORESS SI-ZIP I ADORESS SI-ZIP I ADORESS SI-ZIP I ADORESS SI-ZIP	to the provisions of Sections 6 ed agent, or both, in the State th, and accept the obligations Signature, bi ed or product have of regr OFFIC PD HELMICK, JACK PO BOX 19067F/NA JACKSONVILLE FL D WOOLVERTON, F.T.,J 1325 CASSAT AVENU JACKSONVILLE FL D ROBERTS, GERALD S 605 WELLS RD.	e of Florida. Suc s of, Soction 617 stored agent and life SERS AND DIFIT	ch change was authoriz 7.0503, Florida Statutes 1. equilizar in (NG CTORS DELETE DELETE	84 City as, the above named corporation's board Te Registered Agent signature require 13 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY - ST - ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 34. CITY - ST - ZIP 41 TITLE 52 NAME 53 STREET ADDRESS 34. CITY - ST - ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 61 TITLE 62 NAME	rd of directors. Thereby accept the appo	FL pose of changing its r initment as registered CATE CERS AND DIRECTC Change Change Change Change Change	egistered offic agent. I am F(S IN 12 Addition Addition