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I am an officer or director of the corporation or the regiver or trustee empowered to execute this report as required by Chapter 617, Forlda Statutes; and that my name	office or re agent. Lar SNATURE	PD CANAMELA, AN 1026 DOLPHIN CAPE CORAL F STD ESPOSITO, PAT 1588 WHISKEY FORT MYERS F VD LOFFPLER, DAI 5220 HARBORA	ooth, in the State of accept the obligation OFFICERS AND 1 ATHONY DR EL DR. EL 33919 N AGE RD.	f Florida. Such change was au ons of, Section 617.0503, Flori and tile if applicable. (NOTE DIRECTORS ☐ DELETE ☐ DELETE ☐ DELETE ☐ DELETE ☐ DELETE	s, the above-named ithorized by the corr ida Statutes. Registered Agent eignature 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 4.1 TITLE 4.2 NAME 4.3 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 6.3 STREET ADDRESS	T ADDITIONS/CHANGES TO ADDITIONS/CHANGES TO CATE UNDER FL 1588 WHISKEY CI T AUTHONY CANALAE PO DUT 224 EFFERD, FL 33	FL The purpose of changing DATE OFFICERS AND DIBEC V Char SB904 W Char NGFK Char	ng its registered as registered TORS IN 12 ge Addition ge Addition ige Addition ige Addition ige Addition VB 2-27