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Principal Plac	ce of Busines	s	Mailing Address]					
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2. Principal F	Place of Busin	ess	3. Mailing Address			·						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT WRITE			8 64 81811 4681	
City & Stat			City & State				4. FEI Number				plied For	٦
Zip		Country	<u> </u>	Cau	ento.		59	-3120417		No	t Applicable	7
		Country	Zip		intry		5. Certificate of Sta		Fee F	75 Add Required		
	6. Name	and Address of Current I	Registered Agent		Name		7. Name and Addr	ess of New Rec	istored Agent	1	·	-
WEERTS,	MIT AN				Street A	Address (I	P.O. Box Number is N	ot Acceptable)				1
15749 CF	455								<u>.</u>			1
MONTVE	RDE FL 347	56			City				FL Z	ip Code	9	1
8. The above	named entity	submits this statement for	the purpose of changing its	egistere	ed office o	register	ed agent, or both, in the	ne state of Florid	da.			1
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	d Agent signs	Nurs required	when reinstating)		DATE			
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	FILE IS		9. Election Campaign Trust Fund Contribut		ng 🗔		O May Be to Fees		Check Paya Irtment of S			
10.	FEE IS		Trust Fund Contribu	tion.		Added		Depa	AND DIRECTO	tate ORS IN	10	
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