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Proposed Pages of Business  SSO NW. 119TH WEST SSO NW. 119TH WEST CAPAL MAIN FL. 20168  2. Proposed Pages of Business  2. A Proposed Pages of Business  3. Multing Address  3. Multing Address  3. Multing Address  3. Multing Address  3. Business  3. Busines	DOCU 1. Corporation	JMENT # N476	<b>i10 (3</b> )	)			
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2. Principal Place of Business							
2. Pinnings Place of Business		7TH STREET	MIAMI FL 33168	f.cort			
2. Milling Address  2. Milling Address  2. Milling Address  3. Sulta, Apt. III, etc.  4. Sulta, Apt. III, etc.  5. Sulta, Apt. III, etc.  6. Sulta,							
Suite, Apt. 8, etc.    Suite   Proceedings   Suite   Suite   Procedure   Suite   Process   Process   Suite   Process   Pro	2. Principal P 21					Applied For	
City & State    City & State   City & City & State   City & City & City & State   City &				),		\$8.75 Additional	
Zip Country Zip Country Zip 3 30 8. This corporation has blothy for intengible tax under s. 190 932. Points Statutine	City & Stat	te	City & State			\$5.00 May Be	
9. Name and Address of Current Registered Agent  GORDON, LETHE M. 51 N.W. 118TH STREET MAMIF L 33168  82 Street Address OF C. Box Number is Not Acceptable)  11. Pursuant of the purpose of Sections 817 0607 and \$17,1506, Pursua Statutes  12. Pursuant of the purpose of Sections 817 0607 and \$17,1506, Pursua Statutes  13. ADDITIONS CONTINUE  The purpose of Sections 817 0607 and \$17,1506, Pursua Statutes  14. City  FL 85 Zib Code  15. Pursuant of the purpose of Sections 817 0607 and \$17,1506, Pursua Statutes  16. City  FL 85 Zib Code  16. City  FL 85 Zib Code  17. Pursuant of the purpose of changing its neglistered office familiar with, and accept the above representation to above nearest composation's board of decicions. Hereby accept the appointment as registered agent. I am section or registered agent. I am section of the purpose of changing its neglistered office familiar with, and accept the appointment as registered agent. I am section or registered agent. I am section of decicions in the statute of decicions in the purpose of changing its neglistered office familiar with, and accept the appointment as registered agent. I am section or registered agent. I am section of decicions in the purpose of changing its neglistered office familiar with, and accept the appointment as registered agent. I am section or registered agent. I am section of decicions in the purpose of changing its neglistered office familiar with, and accept the appointment as registered agent. I am section or registered agent. I am section of decicions in the purpose of changing its neglistered office familiar with, and accept the appointment as registered agent. I am section of decicions in the purpose of changing its neglistered agent. I am section of decicions in the purpose of changing its neglistered agent. I am section of decicions in the purpose of changing its neglistered agent. I am section of decicions in the purpose of changing its neglistered agent. I am section of decicions in the purpose of changing its neglistered agent. I am se	Zip 24	25	Zip <b>29</b>	F-7 '	8. This corporation has liability for it	ntangible tax under s. 199,032.	
GORDON, LETHIE M.  \$1 NW. 118TH STREET MAMIF IL 33188    22		9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New R	egistered Agent	
MAMI FL 33188  13					(DO D. A.)		
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statisties, the above named corporation submits this statement for the purpose of changing its registered offsice or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the objective of agent and the line of the statisties.  SIGNATURE  SIGNATURE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. TITLE  OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. TITLE  OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. TITLE  OFFICERS AND DIRECTORS  16. STEPP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. TITLE  OFFICERS AND DIRECTORS  16. STEPP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. Change Addition  17. STATE ADDRESS  18. STREET					ddress (P.O. Box Number is Not Acceptabl	e)	
### DELETE   Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment are registered agent. I am an accept the obligations of, Socioton 617.0503, Florida Statutes, authorized by the corporation's board of directors. I hereby accept the appointment are registered agent. I am specific agent and accept the obligations of, Socioton 617.0503, Florida Statutes, authorized by the corporation's board of directors. I hereby accept the appointment are registered agent. I am specific agent agent and accept the obligation of the proposed agent and accept the obligations. Socioton 617.0503, Florida Statutes, and accept the obligation of the proposed agent and accept the obligation of the proposed agent accept the appointment are registered agent. I am an accept the appointment are registered agent. I am an accept the appointment agent. I am an accept the appointment agent. I am an accept the appointment agent. I am accept the appointment agent. I am accept the appointment agent. I am an accept the appointment agent. I am accept the appointment agent. I am accept the appointment agent. I am an accept the appointment agent. I am accept the appointment agent. I am an accept the appointment accept the corporate agent. I am an accept the appointment accept the acceptance of the acceptance of the acceptance acceptance of the acceptance of the acceptance	MICHAEL I	C 33100		B3			
The provisors of sections B17,5002 and B17,5002, Florida Statutes, the above harmed corporation submits this statement for the purpose of changing its registered office femiliar with, and allocapt the obligations of, Section B17,5003, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. AODITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  ITIEL  OFFICERS AND DIRECTORS IN 13. AODITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  124 MARE  SIRRET ADDRESS  DIT ST.2P  AUXILIARY OF ST.2P  AUXILIARY OFFICERS AND DIRECTORS IN 14 CITY-ST.2P  D  REDWAY, CLARENCE L. 372 E. 31ST STREET  D  REDWAY, CLARENCE L. 32 SIRET ADDRESS  SIRRET ADDRESS  DATE  AUXILIARY OFFICERS AND DIRECTORS IN 12  SIRRET ADDRESS  D  AUXILIARY OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  AUXILIARY OFFICERS AND DIR	<u> </u>						
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  THE D GREEN, SAMUEL 35 FEMINORE ST 13. SIRRET ADDRESS BROOKLYN NY 1.51-72P 1.51-72P 2.51-72P 2.51-72		in, and accept the obligations of, So	action 617.0503, Florida Statu	ites.	the state of the s	and north as registered agent. 1 am	
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AME  IREET ADDRESS  RIY-ST-ZIP  4. I 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 certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 changed, or on an attachment with an address.	TITLE			■ 5.4 CHY-SI-ZIP			
4. I 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 certify 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 12 or Block 13 changed, or on an attachment with an address.	NAME STREET ADDRESS		DELETE	6.1 TITLE		Change Addition	
4. I 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 certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 changed, or on an attachment with an address.	NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE			☐ Change ☐ Addition	
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