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DOCUI	MENT # N96000	005019			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
UOTER ACTION, INC				FILED		
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7	O NOT WRITE		PACE		SECRETARY (TALLAHASSEI	OF STATE E, FLORIDA
2. Principal Pla. e of Business 307 E. Gov. F B リロ		3. Mailing Address 多り を・GUCア BCUO				
Suite, Apt. ≰ etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	CITY BEACH FL	City & State PANA MA CITY E	SEACH, FL	4. FEI Number 573508	रि ७ ।	Applied For Not Applicable
32413-7		32413-2674	Country	5. Certificate of S		\$8.75 Additional Fee Required
			Name	7. Name and Addr	ess of Current Registe	red Agent
	DO NOT W	eire -		BO Box Number is	Not Acceptable)	×وعت رحتی بید مید
	IN THIS SP		307 €.6	P.O. Box Number is	0	
			City			Zip Code 37413 - 2474
	p 4.		MANAMA	CITY BEA	KN.	- 32418 · 2-11
8. The above	imed entity submits this statement for	r the purpose of changing its	registered office or register	red agent, or both, in	the state of Florida.	
8. The above	Famed entity submits this statement for	r the purpose of changing its	registered office or register	red agent, or both, in	the state of Florida.	
8. The above	amed entity submits this statement for		registered office or register	red agent, or both, in	the state of Florida.	E
		and title if applicable. (NOTE	registered office or register Registered Agent signature requires	red agent, or both, in	the state of Florida. DAT	eck Payable to nent of State
SIGNATURE .	FEE IS \$61.25 [tial or Amended UBR	9. Election Carr Trust Fund C	registered office or register Registered Agent signature requires apaign Financing contribution.	red agent, or both, in when reinstating)	the stale of Florida. DATE Make Che Departn	ock Payable to nent of State
SIGNATURE . 10. TITLE NAME	FEE IS \$61.25 [Itial or Amended UBR	9. Election Carr Trust Fund C	registered office or register Registered Agent signature requires apaign Financing contribution.	red agent, or both, in when reinstating)	Make Che Departn	ock Payable to, nent of State 849-8
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12. I hereby ce tify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated c. I 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 director of the corp; ration 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 on an attachment with an address, with all other like empowered.

SIGNATI IRE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE - NAME