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Change

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☐ Addition

DOCUMENT # N9900004052 1. Entity Name UNITY INTERNATIONAL, INC.						FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Plac	ce of Business		Mailin	a Address			- UI 35	P 25 PM 12: 3	4	
Principal Place of Business 3219 DUBAN TERRACE			Mailing Address 3219 DUBAN TERRACE							
FORT PIERCE	FL 34982		FORT	PIERCE FL 34982						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mai	3. Mailing Address Suite, Apt. #, etc.			# 1 #8 11 		11411 11511 1816	
			Su					DO NOT WRITE IN THIS	S SPACE	
City & Star	te		. Ci	City & State			4. FEI Number 65-0940957 Applied Fo			
Zip		Country	Zij	· · · · · · · · · · · · · · · · · · ·	Coun	try	5. Certificate of St		\$8.75 Ad	
	6. Name a	and Address of Currer	nt Registere	ed Agent]		~	ress of New Registered	Fee Requir	ed
				g		Name			. Agom	
DANIELS, CHARLES T 2214 3RD STREET SW VERO BEACH FL 32962-3321			Street Address (ss (P.O. Box Number is I	(P.O. Box Number is Not Acceptable)				
. The above			for the purp	ose of changing its		City office or regis	stered agent, or both, in	the state of Florida.	Zip Co	de
3. The above	Signature, typed o		ent and title if app		e registered E: Registered A	office or regis	stered agent, or both, in ulred when reinstaling) \$5.00 May Be Added to Fees	the state of Florida. DATE . Make Chee	<u>- ` </u>	
. The above	Signature, typed o	submits this statement r printed name of registered age FEE IS \$61.25 001, min. will be \$	and title if app	(NOT	E: Registered A	office or regis	s5.00 May Be Added to Fees	the state of Florida. OATE . Make Chec	ck Payable	to e
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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify 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 on 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

9.11-01

50-429-0343

TIT.E

NAME

STREET ADDRESS