FOR PROFI UNIFORM BUS	IT CORPORATI	ION (* T (UBR) .		
DOCUMENT # POOC	000008359	- 1	man 1 1 1 1 mm m.	
1. Entity Name THE GOLDEN RA		•	FILED	
THE OPPLIATION	71-INC 3(2	. .	02 APR 22 PM 1:49	
DO NOT WRITE IN THIS SPACE			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business Color OLD Scott Lake Pare		7757		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
LAKELAND, FIORIDA	City & State LAKELAND	, FLORIDA	4. FEI Number Applie	
33813 Country USA	^{Zip} 33807	Country	5. Certificate of Status Desired \$8.75 Addition	pplicable nal
		Name	7. Name and Address of Current Registered Agent	
DO NOT	WRITE		WARN A HOGE	
IN THIS S		Street Address	(P.O. Box Number is Not Acceptable)	
	3FAUL	O'F.		
		City AVE	ELAND FL Zip Code 3381	
 The above named entity ephmite this etateme 			5381	7
8. The above named entity submits this statement	ent for the purpose of changing its	registered office or register	ered agent, or both, in the State of Florida.	3_
SIGNATURE		registered office or register	ered agent, or both, in the State of Florida.	3
SIGNATURE Signature, typed or printed name of registered at 9. This corporation is eligible to satisfy its Intance	agent and title if applicable. (NOTE:	registered office or register E: Registered Agent signature required	ered agent, or both, in the State of Florida.	<u> </u>
SIGNATURE Signature, typed or printed name of registered e 9. This corporation is eligible to satisfy its Intang Tax:filing requirement and elects to do so.	agent and title if applicable. (NOTE:	E: Registered Agent signature required 1. Fee is \$150.00	or when reinstating) DATE 10. Election Campaign Financing \$5.00 Mi	<u></u>
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _

863-644-2102 Daytime Phone #