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Zip Country Zip Country S. Certificate of Status Desired S8.75 Addition BRAVAYA, JAMES A Street Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABRAVAYA, JAMES A Name Name and Address of New Registered Agent Name ABRAVAYA, JAMES A Name Name Street Address (P.O. Box Number is Not Acceptable) 7050 NW 77 COURT Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) #A1 MiAMI FL 33166 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered Agert signature required when reinstating) DAte Street Address (P.O. Box Number is Not Acceptable) The Address of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, upper or private name of registered agent. (NOTE: Registered Agert signature required when reinstating) DAte FILE NOW!!!! FEE INOW!!! FEE INOW!!! Street Address of OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGE	HANGES	CHECK HERE IF MAKING CHAN		Apt. #, etc.	Suite		#, etc.	Suite, Apt. #
Zip Country Zip Country 5. Certificate of Status Desired \$8,75 Addition 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent ABRAVAYA, JAMES: A Name Street Address (P.O. Box Number is Not Acceptable) #A-1 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and the obligations of registered agent. City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and the obligations of registered agent. Worte Regettered Agent signature required when reinstaing) DATE SIGNATURE Spraces, upsed or prived name of regulared agent and site if asplicable. (WOTE Regettered Agent signature required when reinstaing) DATE SIGNATURE Spraces, upsed or prived name of regulared agent and site if asplicable. (WOTE Regettered Agent signature required when reinstaing) DATE SIGNATURE Spraces, upsed or prived name of regulared agent and site if asplicable. (WOTE Regettered Agent signature required when reinstaing) DATE Street Address Street Address	Applied For	4. FEI Number 65-0992825 Applied Fc		State	City	City & State		
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