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AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR LIRECTOR

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Principal Pla	ace of Business		Mailing Address	-						
17410 US 41 LUTZ FL 3354			17410 US 41 NORTH LUTZ FL 33549			-	473	3 6 2		
	·									
2. Principal	Place of Business		3. Mailing Address							
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS S	PACE		
City & Sta	ale		City & State		4.	FEI Number 59-364	0843	>	Applied For Not Applicable]
Zip	Count	ry	Zip	Country	1	Certificate of Status Desired	_	8.75 Ac	dditional]
	6. Name and Add	tress of Current Re	gistered Agent		7.	Name and Address of New I				1
				Name	· ·			. •		
	Z, ĴOSE A		C. PETER OF THE C.	Street Ac	ddress (P.O.	Box Number Is Not Acceptable	e)			1 ~
	10 US 41 NORTH Z FL 33549								· · · —	†
	21230010			City				Zip Cod		┨
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8. The above	e named entity submits	this statement for th	e purpose of changing its	registered office or	registered ac	gent, or both, in the State of Fi	orida.			
		this statement for the	ne purpose of changing its	registered office or	registered ac	gent, or bolh, in the State of Fi	orida.			
8. The above				registered Office Or			DATE			
SIGNATÚRE	Signature, typed or printed na	me of registered agent and	title if applicable INOT	E: Ragistered Agent signatur	re required when r	einstating)	DATE			
9. This corp	Signature, typed or printed ne coration is eligible to sa requirement and elect	me of registered agent and isfy its Intangible s to do so.	FILE NOW After MAY 1, 20	E Registered Agent signatur III FEE IS \$150.0 101 Fee will be \$5	re required when r 10 50,00		DATE	\$5.0 Adde	OO May Be	
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