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The Application of Bypatress 1. Mailing Address 1. Mailing Address 1. Suite, Apr. 4. etc. 1. Suite	/incipal Place of Business			01 001 -8 111 3
The Application of Bypatress 1. Mailing Address 1. Mailing Address 1. Suite, Apr. 4. etc. 1. Suite	2-191-A TAMIAM	1 Trail		SECRETARY OF STATE
Author Act is etc. Suite Act is	POND CHARLOTTE	FL 3390	48	AGGSS 44 ASSEL
Country Zo Country So Coun	, Principal Place of Business	3. Mailing Address	<u> </u>	
The Country 20 Country 20 Country 3. Certification of States Dealer 2 S. Addition of States Dealer 2 S. Addition 2 S. Name and Address of Courrent Registered Agent Name 3. Name and Address of New Registered Agent Name 3. N				
8. Name and Address of Current Registered Agent Name Name Shell Address of New Registered Agent Name Shell Addr	City & State			
Name Street Address PO, Eax Number is Not Acceptable			Country	5. Certificate of Status Desired See Required Fee Required
CHANGES CAY CHANGES CAY CAY CAY CAY CAY FL 20 Code CAY CAY CAY CAY CAY CAY CAY CA	6. Name and Address of Curren	f Registered Agent	Name	7. Name and Address of New Registered Agent
The above named emity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Comparison of the lights to seastly its Interglobe	SEPTER, KUND R		Street Address	(P.O. 6ox Number is Not Acceptable)
The above named emity authrits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Comparison of the lights to satisfy its Interglobe Comparison of the Com	2-191 - Jaman - 191-6	n E, VAITA		
The above named entity submits this statement for the purpose of changing is registered office or registered agent; or both, in the State of Florida. Addition	Port CHARLOIDE.	FC 33940	City	FL Zip Code
County C				ered agent, or both, in the State of Florida.
This corporation is eligible to satisfy its Intangible as filting requirement and elects to do so. After September 12, 2001 Fee will be \$750.00. This Find Cormbusion. Added to Fees Added to F	GNATURE	and the Facut state	Charles and Assess at	
After September 12, 2001 Fee will be \$750.00 After September 12, 2001 Fee will be \$750.00 Make Check Physible to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Obelete ITTLE NAME SITER ADDRESS OTY-51-7P Obelete ITTLE OTH-51-7P OBelete ITTLE OTH-51-7P OBelete ITTLE OTH-51-7P OT				
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hereby cartify that the information supplied with first through the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental registers for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this report or supplemental registers for the exemption of the corporation or the receiver or trusters indicated an execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 11 or Block 12 if the property of the exemption of the receiver or trusters in Block 11 or Block 12 if the property of the exemption of the receiver or trusters in Block 11 or Block 12 if the property of the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this report or supplemental registers for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this report or supplemental registers for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this report or supplemental registers for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on the information indicated on the information indicated on the information indicated on the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certificates in Section 119.07(3)(ii). Florida Statutes. I fu	LE ME	☐ Delete		Change Addition Addition
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changed, or on an attachment with an additional risks empowered.	. I hereby certify that the information supplied wi indicated on this report or supplemental reduction	distring does not qualify for any and that m	the exemption stated in S y signature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director
ENATURE: 18/101 (941)629-9199 18/101	of the corporation or the receiver or trustee fifth changed, or on an attachment with an access	the state of the second of the	is required by Chapter 60	7. Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OR DIRECTOR	IGNATURE:	V. Pars.	MESIDENT	8/28/01 (94) 629-9/99