			Secretary of State 04-18-2001 90017 027 ***150.00
Principal Place of Business B45 SOUTHBAY DR. ENSACOLA FL 32508	Mailing Address 1845 SOUTHBAY DR. PENSACOLA FL 32506		
Principal Place of Business	3. Mailing Address		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired Service Servi
6. Name and Address of Curren	nt Registered Agent		7. Name and Address of New Registered Agent
NGUYEN, PHUOÑG 1845 SOUTHBAY DR. PENSACOLA FL 32508		Street A	Address (P.O. Box Number is Not Acceptable)
ب عني		City	FL Zip Code
. The above named entity submits this statement	for the purpose of changing it	s registered office o	or registered agent, or both, in the State of Florida.
IGNATURE Signature, typed or printed name of registered ages This corporation is eligible to satisfy its Intangib Tax filing requirement and elects to do so.	e FILE NOW	TE: Registated Agent signal III FEE IS \$150. 001 Fee will be \$	esso oo 10. Election Campaign Financing \$5.00 May Be
(See criteria on back)	Make Check Paya	ble to Departmen	ent of State
Phuory Nuyen	Delete 3	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Change Addition
LE ME REET ADDRESS IY-ST-ZIP	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ILE LME RET ADDRESS 17-51-209	Celeta	TITLE NAME STREET ADDRESS CITY-ST:ZIP	Change _ Addition
LE ME RET ADDRESS YY-ST-ÖP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
LE ME NEET ADORESS Y-ST-ZIP	Ozleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
le Me Deet address Y- ST-71P	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
. Thereby certify that the information supplied with indicated on this report or supplemental report in of the corporation or the receiver or trustee empichanged, or on an attachment with an address.	CARGIGO TO EXECUTA THIS LADOL!	as required by Criai	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under cath; that I am an officer or director lapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if