2003 FOR PROFIT CORPORATION WHIFORM BUSINESS REPORT (UBR)

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am family the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! SEE IS \$150.00	
Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. Check Here if Making Control	12 18108 81188 11121 8111 1881
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11
	Change Addition
TITLE TD Delete TITLE NAME ROCKWELL, JENNIFER STREET ADDRESS CITY-ST-ZIP ROYNTON BEACH FL 33435 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
NAME ROCKWELL, CHRISTIAN NAME 1001857158] Change
TITLE D Delete TITLE NAME ROCKWELL, AMANDA STREET ADDRESS CITY-ST-ZIP ROYNTON BEACH FL 33435 TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #