DOCUMENT # P0000071765 1. Entity Name

LINDA REGISTER, INC.

1/9/01-90

FILED Feb 09, 2001 8:00 am Secretary of State

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Principal Plac	e of Business	Maill	ng Address			ł			01-	09-20	01 90	037 027	***1
3514 PENDLETON WAY LAND O' LAKES FL 34639			3514 PENDLETON WAY LAND O' LAKES FL 34639										
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	lace of Business		3. Mailing Address										
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City & State			City & State			4	4. FEI Number Applied Fo						
Zíp	Country	Zip)	Count	ry	5	. Certificate of	Status Desi	red 📮		75 Add Required		
	6. Name and Address of Curr	ent Register	ed Agent			7.	. Name and A	ddress of N	ew Register	ed Agen	t .		¦
COCTANTINO LINDA D					Name								 -
COSTANTINO, LINDA R 3514 PENDLETON WAY LAND O'LAKES FL 34539						Street Address (P.O. Box Number is Not Acceptable)							
- LANE	0.0-D4VE2.LF 2427A		=			~ ~							
					City				F	FL	Zip Code	9	
8. The above	named entity submits this stateme	nt for the purp	oose of changing its	registere	d office or	registered a	agent, or both,	in the State	of Florida.	-]
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SIGNATURE .									Pi e	ne			
	Signature, typed or printed name of registered a	igent and little if ep	plicable. (NOT)	: Registered	Agent signatu	re required whe	n reinställing)	·	DA	IE.			1
Tax filing r	oration is eligible to satisfy its Intan equirement and elects to do so. ria on back)		FILE NOW!!! FEE After MAY 1, 2001 Fee Make Check Payable to Do			50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.						}
11.		ND DIRECTO	ORS	12.		ļ	ADDITIONS/CI	ANGES TO	OFFICERS A	ND DIRI	ECTORS		֡֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֡֞֞֡֡֡֡֡֡֡֡
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of the corp	certify that the information supplied on this report or supplemental reporation or the receiver or trustee e or on an attachment with an addre	ort is true and impowered to ss, with ail of	execurate and that in execute this report her like empowered.	ny signatu as require	od by Char	ed in Section ave the same oter 607, Fig NTN	e legal effect a orida Statutes; a	Florida Status if made un and that my	iles, I further ider oath; tha name appea	certify the target and t	at the introduction of the control o	formation or director Block 12 if	-
	SIGNATURE AND EXPED	COST PRINTED NA	ME OF SIGNING OFFICER	OR DIRECTO		·-···		Dets		Dayline I	Phone #) <u> </u>
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