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FLORIDA LEAK	. ~ `	-		3 6	AM : 16			
Principal Place of Business 390 S CYRPESS RD OMPANO BCH FL 33060		Mailing Address 1390 S Cyrpess RD Pompano BCH FL 33060			1 1 41 13 50 1 20 30 13 11		0496	A HERA MU JEAN
2. Principal Place of Su	siness	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			FEI Number	700		Applied For Not Applicable
Zip	Country	Zip	Country		Certificate of Statu	s Desired	\$8.75 Fee Req	Additional
6. Na	me and Address of Current F	tegistered Agent	Name	7.	Name and Addres	s of New Ragin	stered Agent	
SMITH, AMY 1390 S CYRPESS RD POMPANO BCH FL 33060		·	Street Add	ess (P.O. 6	Box Number is Not	Acceptable)		
			City		u e me		FL Zip C	lode
. The above named er	ntity submits this statement for	the purpose of changing its	registered office or re	istered ao	ent, or both, in the	State of Florida		
Signature, typ	ed or printed name of registered agent as		Registered Agent alghatura in	squired when re	1		DATE	
Signature, by This corporation is et Tax filing requirement (See criteria on back	ligible to satisfy its Intengible it and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	!! FEE IS \$150.00 01 Fee will be \$550 le to Department of	.00 State	10. Election Ca Trust Fund	Contribution.	ing \$5	i.00 May Be ded to Fees
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