SEREDAN STREET ASSESSMEND STREE	Fotity Name	# P 00000		•	\checkmark				
Mailing Address Bay SERONA STREET 298 PART PRODUCTION STREET 209 PART PRODUCTION STREET PART PART PART PART PRODUCTION STREET PART PART PART PART PART PART PART PART	SSFC	one INC	e Inc-		FILED				
The above regard and statement for the purpose of changing its registered office or registered agent, or both, in the State Order to State Signature of State Signature or statement for the purpose of changing its registered office or registered agent, or both, in the State Order to State Signature or statement for the purpose of changing its registered office or registered agent, or both, in the State Order Signature or statement for the purpose of changing its registered office or registered agent, or both, in the State Order Signature or statement for the purpose of changing its registered office or registered agent, or both, in the State Order Signature or statement for the purpose of changing its registered office or registered agent, or both, in the State Order Signature or statement for the purpose of changing its registered office or registered agent, or both, in the State Order Signature or statement for the purpose of changing its registered office or registered agent, or both, in the State Order Signature or statement for the purpose of changing its registered office or registered agent, or both, in the State Order Signature or statement for the purpose of changing its registered office or registered agent, or both, in the State Order Signature or statement for the purpose of changing its registered office or registered agent, or both, in the State Order Signature or statement for the purpose of changing its registered office or registered agent, or both, in the State Order Signature or statement or stat	1					01 JUN 19 PM 2: 26			
Applied for the and Address of Current Registered Agent. Toy & State Country State Country State Country State Country State Country State Country State Country State Country State Country State Country State Country State Country State Country State Country State S									
Suite, Apr. Winds Suite, Apr. Winds City & State City &	248 OLLYWOOD FL 33021		#248						
City & State Country S. Cartificate of Status Bearing S. Cartificate of Status Bearing Five Ancience Five Ancience Five Ancience Five Ancience Signature S	2. Principal Place of Bus	siness	3. Mailing Address	, ar					
City & State Country Country S. Certificate of Status Desired S. 7.5 Accident of Status Desired S. 7.5 Accident of Status Desired S. 7.5 Accident of States S. Certificate of Status Desired S. 7.5 Accident of States of New Registered Agent Name Street Address of New Registered Agent Name City & States Street Address of New Registered Agent Name City & States Street Address of New Registered Agent Name City & States Street Address of New Registered Agent Name City & States Street Address of New Registered Agent Name City & States Street Address of New Registered Agent To Both June Country S. City FL Zip Code S. The above named entity supmits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Fonds. S. GNATURE S. City States S.	Suite, Apt. #, etc.	-	Suite, Apt. #, etc.	1					15
S. Name and Address of Current Registered Agent. Towns Address of Current Registered Agent. Towns and Address of New Registered Agent Name Street Address (P.O. Size Number is Not Acceptable) Street Address (P.O. Size Number is Not Acceptab	City & State	······································	City & State			El Number		Åpp	
Name Sirest Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. (Certificate of Status Desired			ional
## City FL Zip Code 8. The above named antity submits this statement for this purposa of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangule Task filling requirement and elects to do so. After MAY 1, 2001. Fee will be \$550.00 Task filling requirement and elects to do so. Make Chock Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. The Move Street Address Street Address Street Address 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. The Move Street Address Street Address 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. 11. Add MAKE Address 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. 11. Add MAKE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. 13. Add MAKE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. 14. Add MAKE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. 15. Add MAKE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. 16. Election Campaign Financing 12. 16. Election Campaign Financing 12. 17. Trust Fund Contribution 10. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. 19. Election Campaign Financing 12. 10. Election Campaign Financing 12. 1	6. Name and Address of Current Registered Agent				7. (Name and Address of New I	Registered A	gent	
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Foricia. SIGNATURE Support, fixed or pretto name of registered agent, and the support and the support agent and the support agent and the support agent and the support agent agent and the support agent agent and the support agent agent agent and the support agent agent agent agent and the support agent		Street A	Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. SignaTURE 9. This corporation is eligible to satisfy its internapible Tas filling requirement and elects to do so (See orders on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INTER SIRET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS OTY-S1-ZP ITTLE MAKE MAKE STREET ADDRESS OTY-S1-ZP ITTLE MAKE STREET ADDRESS OTY-S1-ZP Delate TITLE MAKE STREET ADDRESS OTY-S1-ZP ITTLE MAKE STREET ADDRESS OTY-S1-ZP ITTLE MAKE STREET ADDRESS OTY-S1-ZP OTY-S1-ZP OTY-S1-ZP OTHER ADDRESS OTY-S1-ZP OTY-S1-ZP OTY-S1-ZP OTHER ADDRESS OTY-S1-ZP OTY-S1-ZP OTHER ADDRESS OTY-S1-ZP OTY-S1-ZP OTHER ADDRESS OTHER	-)S(,				
SIGNATURE Summore, funed or present name of implicated apert and site of displicable. INOTE: Registered Agent signature registers when removaring) P. This corporation is eligible to satisfy its intengible. Tas filling requirement and elects to do so. See criteria on back) Intended Provided Prov				City			FL	Zip Code	
ITTLE MAME MAME SARRET ADDRESS STREET ADDRESS STR	9. This corporation is a Tax filing requireme	eligible.to satisfy its Intangible nt and elects to do so.	FILE NOV	VIII FEE IS \$150. 2001 Fee will be \$	00 <u></u> 550.00]	10. Election Campaign F	nancing •6		
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	11.	OFFICERS AND	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	er a grant to	TO THE RESTRICTION AND A	DDITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	
TITLE SAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Add Add Add Add TITLE Change Add TITLE Change Add TITLE Change Add TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TI	NAME STREET ADDRESS 3389 S	HERIDAN STREER	4D .	NAME STREET ADDRESS	 .		; ;		Addition 1
STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			`^	TITLE	1		<u>.</u> 1		Addition
TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Add TITLE Delete TITLE Delete TITLE Change Add NAME NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Add NAME CHANGE CHANGE CHANGE NAME CHANGE CHANGE CHANGE CHANGE TITLE C	STREET ADDRESS 3389 S	HERIDAN STREET # 248	•	STREET ADDRESS			; }		
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z	TITLE NAME STREET ADDRESS		Delete	NAME STREET ADDRESS] Additio
NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes! further certify that the information information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes! further certify that the information information is provided and provided and that my signature shall have the same legal effect as if made under path; that I am an officer or direction is provided and prov	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS	·		}	Change	Additio
TITLE Delete TITLE Change Add	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			!	Change	☐ Additio
iodicated on this report of supplierbental report is late and accurate and that my signature shall have the same legal effect as it made under outfill individual and object of unique	TITLE		Delete	TITLE NAME STREET ADDRESS		, 8		Change	Addition
SIGNATURE: may - ao - ao 1 954-843 - 8620		A							