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2. Principal Place of Bi	n Pl # 700	3. Mailing ddress	PI-11:00		
Suite, Apt. #, etc.	11, 14 700	Suite, Apt. #, etc.	1,7*100		WRITE IN THIS SPACE
ALL SING		City & State		4. EELNumber	Applied For
Zipa Dour	Country	Me bouk	Cougtry	59-367785	Not Applicab
<u></u>	-USA	32401	USA	5. Certificate of Status Desir -7:-Name and Address of Cur	— Fee Required
			NamoGe	eald Pagal	•
DO NOT WRITE IN THIS SPACE			Street Address (B.O. Box/Number in Not Acceptable)		
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. The above named on	tity submits this statement (City Me	1600 RNR	FL 32901
	ing submits this statement it	in the purpose of changing its	s registered office or registe	ered agent, or both, in the State of	f Florida.
IGNATURE	ed or printed name of registered agent	and little if applicable. (NOT	E: Registered Agent signature require	(1 when reinstation)	
Signature, type	igible to satisfy its Intangible	January 1 - N	E: Registered Agent signature require Nay 1 Fee is \$150.00		CATE
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