Principial Place of Business 20 SE CARAMANA AV	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # PO1000116759				FILED Mar 25, 2002 8:00 an Secretary of State 02-07-2002 90008 008 ****50.00	
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School A State Country Zip Country State Status Desired \$5.00. A FER Number \$5.00. A FER Number	Principal P	Place of Business SE CARUAHAN AN #. etc. 2443 ()	Mailing Address	1858		
S. Name and Address of Current Registered Agent S. Name and Address of Surrent Registered Agent JESSICA WILLS ROTE Payable Street Address (P.O. 3ox Number is Not Acceptable) Street Address (P.O. 3ox Number is Not Acceptable) ARCAD /A FZ 34266 The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. SIGNATURE Street Address (P.O. 3ox Number is Not Acceptable) FLL Zip Co The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. SIGNATURE Street Address (P.O. 3ox Number is Not Acceptable) FLL Zip Co The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. SIGNATURE STREET ADDRESS (P.O. 3ox Number is Not Acceptable) FLL WILLIAM STREET STREET ADDRESS (P.O. 3ox Number is Not Acceptable) FLL WILLIAM STREET STREET ADDRESS (P.O. 3ox Number is Not Acceptable)	City & State	<u></u>	77% C7 6 City & State -3476 §	USA	4. FEI Number Applied For Not Applied be	
S. Harme and Address of Current Registered Agent JESSICA WILLES ARCAO /A FR 3 4 2 4 6 B. 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. B. 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. B. 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. B. 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. B. CONTROL OF THE STATE	Zip 3	Country	Zip	Country	\$5.00 448	
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B. 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. Company			HAN AV	Street Addres	ss (P.O. Box Number is Not Acceptable)	
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IGNATURE: Company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Cornelia wilker power 1/21/0 > 863-9	I hereby ce indicated o limited liabl	of this report is true and accurate and that my	r signature shall have the vered to execute this re	the exemption stated in S ne same legal effect as it is eport as required by Chap	made under oath; that I am a managing member or manager of the oter 608, Florida Statutes.	
SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE DOES DOWNTO PROPER IN 1201 SE CALNAMAN PRES. AR CADIA 634 U.6 850-245.6059	SIAWI C	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	MANAGING MEMBER, MANA	GER, OR AUTHORIZED REPRES	ENTATIVE Date Daylima Phone #	