FOR PROFIT CORPORATION ANNUAL REPORT

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| | med entity submits this sta of registered agent | atement for the pur | rpose of changing its r | egistered office o | r registered | lagent, or bo | oth, in the State of | Florida. I am fa | miliar with | n, and accept |
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| SIGNATURE | | VC 76 | عمالا | 1 1 | deleni | <u> </u> | | <u> </u> | 120 | / (/ |
| Sign: | ature, typed or printed name/of regi | letered agent and title if ap | pricable (NOTE | Registered Agent signs | fure required wit | nen re instating) | | DATE | | |
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee appropriate to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like ampowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2011 904-874-65