FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91779 037 ***150.00

	02000120	314 /			11041214		
Principal Place of Business Mailing Address 1321 COOLRIDGE DRIVE 1321 COOLRIDGE DRIVE BRANDON, FL 33511 BRANDON, FL 33511				•			
Principal Place of Business			3. Mailing Address			- CONTOUR REAL AND TIME CONTOUR CERT AND AND AND HER HAN CONTOUR	
Suite, Apt. #, etc.			Sulte, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State			City & State			4. FEI Number 66-16-58-462 Applied For Not Applicable	
Zip	Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
ALMONTE, ROLANDO 1321 COOLRIDGE DRIVE BRANDON, FL 33511				Street Ac	dress (s (P.O. Box Number is Not Acceptable)	
				City		FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.							. %
SIGNATURE Suprawa, typed or printed name of expensed again and title 4 applicants. (NOTE: Repairers Again squawe expired when minimating) CATE							
FILE NOW/III FEE IS \$150.00 *Arts: May 152003 Fee will be \$550.00; \$5 Make: Check Payable to Florida Department on State Added to Fees Added to Fees							
10.		OFFICERS AND	and the second	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD		Delete	TITLE		☐ Change ☐ Addition S	
NAME STREET ADDRESS CITY-ST-ZIP	ALMONTE, ROLANDO 1321 COOLRIDGE DRIVE BRANDON, FL 33511			NAME STREET ADDRESS CITY-ST-ZIP		Change Addition Change Addition	
TITLE	STD	- 1441.	☐ Delete	TITLE	-	☐ Change ☐ Addition 🛱	
NA ME STREET ADDRESS CITY-51-2IP	JAVIER, CHRISTIAN 1321 COOLRIDGE DRIVE BRANDON, FL 33511			NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	1		☐ Delete			☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-2P		-		ST REET ADDRESS City-St-Zip			
±11tte			Delete	- TITLE		Change Addition	_
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS City-St-2ip			
TITLE			☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP			٠	HAME STREET ADORESS City-St-Zip			
TITLE	• • • • • • • • • • • • • • • • • • • •		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS Crty-St-Zip		, .	
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florids 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 gade under oath; that I am an officer or director							
of the corporation of the receiver of the specimental report is used and accurate and that my signature shall nave the same legal effect as in paide under oath; that I am an once or director of the corporation of the receiver of the speciment with an address, with all other like in processed.							
	(U)	4/30/23	
SIGNAT	UNE.	ATURE, AND TYPED OR	PRINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	_	Date Carytime Phone #	