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MARROQUIN. JUAN CARLOS     Name       3333 MONUMENT RD.     Street Address (P.O. Box Number is Not Acceptable)       SUTE 1216     City       JACKSONVILLE, FL 32225     City       B. The above named entryputerinis the fatement for the purpose of changing its registered agent.     City       FLE Novem Level is \$100,000     In accordance with s. 607,193(2)(b), F.S.       Signature rest is statute of facture.     (HOTE Registered Agent agent of the prior not grant of the facture.       FILE Novem Level is \$150,000     In accordance with s. 607,193(2)(b), F.S.       After January 1, 2007, Fee with be \$300.00     In accordance with s. 607,193(2)(b), F.S.       MARROQUIN, JUAN CARLOS     Intit       MARROQUIN, JUAN CARLOS     Intit       MARROQUIN, JUAN CARLOS     Intit       MARROQUIN, MUAN CARLOS     Intit       MARROQUIN, BLE, FL 32225     Intit       MARROQUIN, REMER GIOVANNI     Intit       Street Address     11//08//0601027017       Street Address     11//08//0601027017       Street Address     Intit       MARROQUIN, REMER GIOVANNI     Intit       MARROQUIN, ERMER GIOVANNI     Intit       Str	RROQUIN, JUAN CARLOS 3 MONUMENT RD. TE 1216 SKSONVILLE, FL 32225     Street Address (P.O. Box Number is Not Acceptable)       City     FL     Zip Code       re above named entitybutkmist the latement to the purpose of changing its registered office or registered sgent, or both, in the State of Portal. Tam familiar with, and acc obligations of registered sgent. or both, in the State of Portal. Tam familiar with, and acc or obligations of registered sgent. or both, in the State of Portal. Tam familiar with, and acc or opposition off not registered sgent. or both, in the State of Portal. Tam familiar with, and acc or opposition off not registered the photometer.       MATURE     Imacordance with s. 607, 193(2)(b), F.S. th composition off not registered the photometer.       PILE NOWILI FEE IS 3 50,000     In accordance with s. 607, 193(2)(b), F.S. th composition did not registere the photometer.       OFFICERS AND DIRECTORS     11.       ARROQUIN, JUAN CARLOS     Intel: Notes       3333 MONUMENT RD., APT, 1216     Intel: Notes       Incomess     11//08//060102?015       Stream     200003152?       Samarcoulin, E.FL 32225     Intel: Notes       Incomess     11//08//060102?01?       Stream     200003152?       BATRES MANDEZ, RONADA     Delete       Intel: Notes     Intel: Notes       Intel: Notes     Intel: Notes       Stream     Intel: Notes       Stream     Intel: Notes       Stream     Intel: Notes       Strea					y			Fee Requir	Iditional ed
3333 MONUMENT RD.       Street Address (P.O. Box Number is Not Acceptable)         SUITE 1216       City       FL       Zip Code         ACKSONVILLE, FL 32225       City       FL       Zip Code         Signame Theories and antipulations of registered agent or both, in the State of Florids. Lam familiar with, ent the obligations of registered agent or both, in the State of Florids. Lam familiar with, ent the obligations of registered agent or both, in the State of Florids. Lam familiar with, ent the obligations of registered agent or both, in the State of Florids. Lam familiar with, ent the obligations of registered agent or both in the State of Florids. Lam familiar with, ent the obligations of registered agent or both in the State of Florids. Lam familiar with, ent the obligations of registered agent or both in the State of Florids. Lam familiar with, ent the obligations of registered agent or both in the State of Florids. Lam familiar with, ent the obligations of registered agent a	3 MONUMENT RD.         TE 1216         XKSONVILLE, FL 32225         City         FL       Zip Code         city       FL         ci		• • • •	it Kagisterau Agent		Name	7. Name and	Address of Hew I	registered Agent	
ACKSONVILLE, FL 32225       City       FL       Zip Code <ul> <li>The above named entity but miss this balances for the purpose of changing its registered office or registered agent, or both, in the State of Portda. I am familiar with, an in the obligations of registered agent, or both, in the State of Portda. I am familiar with, an interview of the obligations of registered agent.       III       0.3       0.6         BURNATURE       OFFICERS AND DIRECTORS       III.       AdDITIONS/CHANGES TO OFFICERS AND DIRECTORS       In accordance with s. 607, 193(2)(0), F.       Date         INE       PRE NOWILI FEE IS \$200.00       OFFICERS AND DIRECTORS       III.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         INE       PRE NOWILI FEE IS \$200.00       IIII.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       III.         MAR       OFFICERS AND DIRECTORS       III.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       IIII.         MAR       MARROQUIN, JUAN CARLOS       Delete       IIII.       Others and the prior not corporation of an other required when reliables         MAR       MARROQUIN, ERMER GIOVANNI       Delete       IIII.       MARROQUIN, ERMER GIOVANNI         MARE       Sa333 MONUMENT RD., APT. 1216       IIII.       III./08//0501102?017       ##81.75         MAR       Dates       IIII.       Street ADDRES       III./08//0501102?017       #</li></ul>	City       FL       Zip Code         In above named antoy submits its balance to the purpose of changing its registered agent, or both, in the State of Porida. I can lamilar with, and acc addigations of regist and appendix or agent of registered agent, or both, in the State of Porida. I can lamilar with, and acc addigations of registered agent, or both, in the State of Porida. I can lamilar with and acc addigations of registered agent, or both, in the State of Porida. I can lamilar with and acc addigations of registered agent, or both, in the State of Porida. I can lamilar with and acc addigation of registered agent, or both, in the State of Porida. I can lamilar with and acc addigation of registered agent, or both, in the State of Porida. I can lamilar with and acc addigation of registered agent, or both, in the State of Porida. I can lamilar with and acc addigation of registered agent, or both, in the State of Porida. I can lamilar with and acc addigation of registered agent, or both, in the State of Porida. I can lamilar with and acc addigation of registered agent, or both, in the State of Porida. I can lamilar with and acc addigation of registered agent, or both, in the State of Porida. I can lamilar with and acc addition of poridation of did not receive the prior notice. In the distance of the of the state of Poridation of the or treatewite the prior notice.         INDEX       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         INDEX       Directores       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         INDEX       Directores       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         INDEX       Distee       IIII.       III.       III.<	333 MON	IUMENT RD.			Street Address (	Street Address (P.O. Box Number is Not Acceptable)		····	
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AME AME TREET ADDRESS TITY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP	TADDRESS ST-ZIP Thereby certify that the information supplies with this filing 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 direct of the corporation or the received for fursteet empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block to changed, or on an attachment with an address, with all other like empowered.	AME TREET ADDRESS		Delete	NAME STREE	T ADDRESS			Change	🗌 Addi
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of the corporation or the receiver or frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Bl changed, or on an attachment with an address with all other like empowered.	4449-910	2. I hereby indicated	certify that the information supplied w on this report or supplemental report rporation or the received or rusted e	vith this filing does not qualify t is true and accurate and that approvered to execute this repo	for the exer at my signate ort as require	mptions contained ure shall have the ed by Chapter 60	in Chapter 119 same legal effec 7, Florida Statute	), Florida Statutes, ct as if made under es; and that my nam	I further certify that the oath; that I am an office oppears in Block 10	information ar or directo or Block 11