## FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # p06000118531  1. Entity Name  BAZUNI, INC  DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 2708 S FRENCH AVE Sulle, Apt. #, etc.  City & State SANFORD, FL.  Zip Country 32771  DO NOT WRITE IN THIS SPACE  1. FEI Number 20-5555387  Not Applied For No	UNIF	ORM BUSIN	ESS REPOR	RT (UBR)		008 08:00
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  DO NOT WRITE IN THIS SPACE  The Applied For 20-5545387  Not Applicable  The Required For SANFORD, Pt.  Applied For 20-5545387  Not Applicable  To Country  The Applied For 20-5545387  Not Applicable  The Required For Required For SanFord  For Required For Required  For Required For State Of Fords. I am familiar with, and accept the obligations of registered agent.  Signature, typed or printed name of registered agent are title if applicable.  Signature, typed or printed name of registered agent are title if applicable.  Signature, typed or printed name of registered agent are title if applicable.  Signature, typed or printed name of registered agent are title if applicable.  Signature in the State of Fords. I am familiar title, and accept the obligations of registered agent.  Signature in the State of Fords. I am familiar title in State of Fords.  In the Signature in the State of State of Fords.  Signature in the State of State of States of States.  Signature in the State of States of Stat	DOCUMENT				Secreta	iry oi Stat
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Name   Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)	•	Country	ZIP .	Country	5. Certificate of Status Desired	· .
Street Address (P.O. Box Number is Not Acceptable)					me and Address of Current Regist	ered Agent
IN THIS SPACE.  City FL Zip Code  8. 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  Signature  January 1: May 1: Fee is \$150.00  After May 1: Fee is \$550:00  Anneaded USR is \$5125  Make Check Pavable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. U00000962369  TITLE  NAME  PATEL, DINSHKUMAR  PATEL, DINSHKUMAR  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET A		O NOT V	/DITE			
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