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|-------------|-------------------------------------------------------|-------------|------|----------|
| To:         |                                                       | <u>⊅</u> ix | -    |          |
|             | Division of Corporations                              | 20          | č    |          |
|             | Fax Number : (850)617-5380                            | ASSE        | 22   | ۳.<br>ج  |
| From:       |                                                       | in S        | -0   | л<br>С   |
|             | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. |             | -X   | <u>ر</u> |
|             | Account Number : I20000000019                         | 27          | 2    |          |
|             | Phone : (305)552-5973                                 |             | ~    |          |
|             | Fax Number : (305)675-5944                            | с<br>м<br>с | G    |          |

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New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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