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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 81 City FL 85 Zp 0 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the abvenamed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered a familiar with, and accept the obligations of. Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or proted name of registered agent, and title if applicable NOTE Region A, wit signature required when reinstating. DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
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STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statute 14. I do hereby certify that the information indicated on this armual report or supplemental annual re is true and accurate and that my signature shall have the same legal effect as if certify that the information indicated on this armual report or supplemental annual re is true and accurate and that my signature shall have the same legal effect as if certify that the information indicated on this armual report or supplemental annual re is true and accurate and that my signature shall have the same legal effect as if certify that the information indicated on this armual report or supplemental annual re is true and accurate and that my signature shall have the same legal effect as if certify that the information indicated on this armual report or supplemental annual re is true and accurate and that my signature shall have the same legal effect as if certify that the information indicated on this armual report or supplemental annual re is true and accurate and that my signature shall have the same legal effect as if certify that the information indicated on this armual report or supplemental annual re is true and accurate and that my signature shall have the same legal effect as if certify that the information indicated on this armual report or supplemental annual re is true and accurate and that my signature shall have the same legal effect as if the certific that the information indicated on this armual report or supplemental annual re is true and accurate and that my signature shall have the same legal effect as if the certific that the information indicated on this armual report or supplemental annual re is true and accurate and that my signature shall have the same legal effect as if the certific that the information indicated on this armual report or supplemental annual re is true and accurate and that	- •

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFICER

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