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3005 CARING WAY PORT CHARLOTTE FL 33949 B Street Address (P.O. Box Number is Not Acceptable) 83 64 City FL 85 64 City FL 85 Z/p Code 1. Pursuant to the provisions of Sections 607 0502 and 607 1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or negated call agent, or both in the State of Florids. Such changing at stregistered agent call the state of Florids. Such changing at stregistered agent call the state of Florids. Such changing at stregistered agent call the state of Florids. Such changing at stregistered agent call the state of Florids. Such changing at stregistered agent call the state of Florids. Such changing at stregistered agent call the state of Florids. Such changing at stregistered agent call the state of Florids. Such changing at a stregistered agent call the state of Florids. Such changing at a stregistered agent call the state of Florids. Such changing at a stregistered agent call the state of Florids. Such changing at a stregistered agent call the state of Florids. Such changing at a stregistered agent call the state of Florids. Such changing at a stregistered agent call the state of Florids. Such changing at a stregistered agent call the state of the state of Florids. Such changing at a stregistered agent call the state of Florids. Such changing at a stregistered agent call the state of Florids. Such changing at a stregistered agent call the state of Florids. Such changing at a stregistered agent call the state of Florids. Such changing at a stregistered agent call the state of Florids. Such changing at a stress as as a stress as a stress as a str	LOR		of Chueur Rediere	red Agent	81 Name	10. Name and Address of New Jre	iðisteiden Mådeit	
A. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or tooth in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of. Section 607.0508, Florida Statutes. GRATURE Bip dec, yood optimid results of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of. Section 607.0508, Florida Statutes. GRATURE Bip dec, yood optimed agent and accept the obligations of. Section 607.0508, Florida Statutes. QPTICENS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Life Detect UORICCO, CARLO J 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Life Detect LINONCELLI, ANTHONY 13.SIRET Address V: 51.2P PORT CHARLOTTE FL 33952 V: 51.2P Detette Vistor Detette V: 51.2P Detette V: 61.2P Detette V: 71.2P Change V: 72.7P Change V: 72.7P Change V: 72.7P Change V: 72.7P <th></th> <th></th> <th>9</th> <th></th> <th></th> <th>dress (P.O. Box Number is Not Acceptat</th> <th>ble)</th> <th></th>			9			dress (P.O. Box Number is Not Acceptat	ble)	
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	agent. 1 a GNATURE 2. I.E REF (ADDRESS IY - S1 - 719 I.E REE I ADDRESS IY - S1 - 719 I.E ME REE I ADDRESS IY - S1 - 719 I.E REE I ADDRESS IY - S1 - 719 I.E REE I ADDRESS IY - S1 - 719 I.E REE I ADDRESS IY - S1 - 719 I.E ME	am familiar with, and accept Signature, watch or printed name of OFF1 D LORICCO, CARLO J 3005 CARING WAY PORT CHARLOTTE FL D LIMONCELLI, ANTHON 21275 OLEAN BLVD. PORT CHARLOTTE FL D BHAT, SALIGRAMA 2885 TAMIAMI TRAIL PORT CHARLOTTE FL	t the obligations of, 5 registered agent and tide if a ICERS AND DIRECT . 339952 IY . 339952	Section 607.0505, Fig applicatule (NOT ORS DELETE DELETE DELETE DELETE DELETE	es, the above-named con authorized by the corpore prida Statutes. E Rogistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	uired when reinstating)	FL purpose of changing its parte CERS AND DIRECTOR CERS AND DIRECTOR Change Change	s registered
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