Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Regulard 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HTT, JAY T Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Immediate agent	DOCUMENT 1. Entity Name SUNRISE NURSE	FOR PROFIT M BUSINESS # P930000 RY & LANDSCAPE, INC.	53758			Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90221 024 ***150.00
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Suite, Apt. #, etc. Name and Address of Current Registered Agent Name and Address of Current Registered Agent Name and Address of New Registered Agent Name Name Hitt, JAY T Scentificate of Status Desired Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not	6240 SUNRISE WAY SEBRING FL 33875	624 SE	40 SUNRISE WAY BRING FL 33875			·
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City & State City & State 4. FEI Number 65-0435927 Applied For Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HITT, JAY T Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) StBRING, FL, 33872 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. Lam familiar with, and accept the obligations of registered agent. DME SIGNATURE FL Nome Street Address TO OFFICERS AND DIRECTORS DME TIL OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Address TITE Detele TILE Change Addition Change Addition						
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