Zip Country Zip Country Signature Signature <t< th=""><th>. Entity Nam</th><th></th><th>91</th><th></th><th>Lan²⁷,20044 08:00 AN By Secretary of State</th><th>М</th></t<>	. Entity Nam		91		Lan ²⁷ ,20044 08:00 AN By Secretary of State	М
Set 6. EDGEWOOD AVE US Set 5. EDGEWOOD AVE US 36XXSONVILLE FL 32205 Set 5. EDGEWOOD AVE US 2. Principal Place of Business 3. Melling Address Stute. Apt. #, etc. Suite. Apt. #, etc. City & State City & State 2.p Country 2.p Country 2.p Country 2.p Country 5. Certificate of Status Desired \$82.75 Addite free Required 6. Name and Address of Gurrent Registered Agent Name BONAR, BARBARA Se65 EDGEWOOD AVE JACKSONVILLE FL 32205 Name City FL ZP Code City FL ZP Code 8. The above named entity submits this statement for the purpose of changing file registered office or registered agent, or both, in the State of Florida. I ran familiar with, an the obligations of registered agent. SIGNATURE State Image: Signame State Registered Agent NMT SIGNATURE State State Image: Apple Signame Agent State Registered Agent of the purpose of changing file registered office or registered agent, or both, in the State of Florida. I ran familiar with, an the obligaton of registered agent. SIGNATURE State Registered agent. NMT SIGNATURE State State Stat	JUNAH E	INGINEERING & CONSTRUC	TION COMPANY			
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Suite, Apt. 4, etc. Suite, Apt. 4, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number 59-3233689 Appl. Zip Country Zip Country S. Certificate of Status Desired \$8,75 Addit Zip Country Zip Country S. Certificate of Status Desired \$8,75 Addit BONAR, BARBARA 565 EDGEWOOD AVE. JACKSONVILLE FL 32205 Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. Fam familiar with, and the obligations of registered agent. Note Floride agent, or both, in the State of Floride. Fam familiar with, and familia	IACKSONV		JACKSONVILLE FL 32		 	UL IE LUUE
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Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additi Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent BONAR, BARBARA 565 EDGEWOOD AVE. JACKSONVILLE FL 32205 Street Address (P O Box Number is Not Acceptable) City FL Zip Code 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, Tam familier with, and the obligations of registered agent. Tam familier with, and the obligations of registered agent. SIGNATURE Street Address (P O Box Number is Not Acceptable) DATE FILE NOW!!! FEE IS \$150.00 Mate objection Campaign Financing S5.00 Make Check, Payable to Florida Department of State (NOTE Algebreid Agent sgratum registered agent, or both, in the State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Added to the contribution. 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II. IIIE P BONAR, HENRY B. II Delete IIIE IIIIE IIIIE IIIIIE IIIIE IIIIE IIIII	City & Stat	e	City & State		50-2222680	lied For
C. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BONAR, BARBARA 565 EDGEWOOD AVE JACKSONVILLE FL 32205 City FL Zip Code Some and entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, an the obligations of registered agent. Signature types or preter agent of State Some and Address of New Registered Agent agent of State Some agent and title # applicable Trust Fund Contribution. Address Signature types or preter agent Signature types Sig	Zıp	Country	Zip	Country	5 Certificate of Status Desired	
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