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Principal Place of Business Mailing Address							•			
170 FIRST AVE N. Some							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
57.1	Bg., 1	23370/	,					· .		
2. Principal Place of Business			3. Mailing Add	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			DO	NOT WRITE IN T	HIS SPACE	
City & State		City & State			4. F	4. FEI Number Applied For Not Applied For				
Zip		Country	Zip		Country	5. 0	Certificate of Status	Desired 🔲	\$8.75 A	ditional
	6. Name an	d Address of Curre	nt Registered Agen	1	Name	7. N	lame and Address	of New Register	red Agent	
11/18.	reGven	120 (30	Deek			iress (P.O. Bo	lox Number is Not A	Acceptable)		·
170 Frast NE.			N.				(P.O. Box Number is Not Acceptable)			
57.1	139,	FC 337	0/		City				FL Zip Co	de
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8. The above	e named entity su	bmits this statement	for the purpose of c	hanging its reg	ristered office or re	egistered age	ent, or both, in the	State of Florida.		
8. The above	named entity su	bmits this statement	for the purpose of c	hanging its reg	gistered office or re	egistered age	ent, or both, in the	State of Florida.	T	
8. The above	Ma	ibmits this statement	Golph		gistered office or re			State of Florida.	1-4-01	
SIGNATURE  9. This corpo	Signature, typed or propression is eligible requirement and	to satisfy its Intangit	ent and title if applicable.	(NOTE: Re	rgistered Agent signature	required when rei	einstatung)	DA mpaign Financing	_ ++-	00 May Be
9. This corporate Tax filing (See critical	Signature, typed or proportion is eligible	to satisfy its Intangite elects to do so.	ent and title if applicable.	(NOTE: Re	rgistered Agent signature	required when rei	instaung)  10. Election Car	DA mpaign Financing Contribution.	Adde	ed to Fees
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SIGNATURE: Marguerte Godels 9-27-01 727-896-21
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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Date

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