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Processed to the provisions of Sections 607.0602 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent to their any the State of Florida. Such change was submitized by the corporation's board of directors. I hereby accept the appointment as registered agent to their any the state accept to obtain the state of Florida. Such change was submitized by the corporation's board of directors. I hereby accept the appointment as registered agent to their any the state accept to obtain the state of Florida. Such change was submitized by the corporation's board of directors. I hereby accept the appointment as registered agent to their any the state accept to obtain the state of Florida. Such change was submitized by the corporation's board of directors. I hereby accept the appointment as registered agent to their any the state of the sta					······································		Code
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62 NAME 61 ADDRESS 63 STREET ADDRESS 57: 2P 1 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 information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that that officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name	othce or registered agent, or both, i agent Three familiar with, and accep NATURE Ignative typed or protection of OFF COPPEDGE, HELEN 1890 BEACH AVE 1890 BEACH AVE ATLANTIC BEACH I E ELADORESS -ST-ZIP E ELADORESS -ST-ZIP E ELADORESS -ST-ZIP E ELADORESS -ST-ZIP	in the State of Florida. Si of the obligations of, Sec reprived agent and little if appl ICERS AND DIRECTOR	uch change was stion 607.0505, Fi icable (NO IS DELETE DELETE DELETE	Ites, the above-named c authorized by the corporation (orida Statutes) 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	spuired when reinslating)	PL purpose of changing it purpose of changing it pt the appointment as DATE CERS AND DIRECTOR Change Change Change Change	IS registered registered IS IN 12 Addition
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I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachnymit with an address.	othod on registered agent, or both, a agent i fun familiar with, and accep GNATUHE agent i fun familiar with, and accep agent i fun familiar with accep agent i fun fa	in the State of Florida. Si of the obligations of, Sec treps and agent and the Happh TCERS AND DIRECTOR N D FL 322233	uch change was stion 607.0505, Fi icable: (NO IS DELETE DELETE DELETE DELETE	Ites, the above-named c authorized by the corpor (orida Statutes). 12 Rogistered Agent signature re 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	squired when reinslating) ADDITIONS/CHANGES TO OFFIN	PL purpose of changing it purpose of changing it purpose of changing it purpose of change DATE CERS AND DIRECTOR Change Change	IS registered registered IS IN 12 Addition Addition
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