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<u>NEW FILINGS</u>	AMENDMENTS	,,		
<ul> <li>Profit</li> <li>Not for Profit</li> <li>Limited Liability</li> <li>Domestication</li> <li>Other</li> </ul>	<ul> <li>Amendment</li> <li>Resignation of R.A., Officer/Director</li> <li>Change of Registered Agent</li> <li>Dissolution/Withdrawal</li> <li>Merger</li> </ul>			
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/O         Foreign         Limited Partnersh         Reinstatement         Trademark         Other			
		Examiner's Initials		

## **STATEMENT, OF CHANGE OF REGISTERED OFFICE OR REGISTERED** AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of  $\frac{F/D}{100}$  submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

(Printed or typed name and title)

4. The name and address of the current registered agent and office:

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

By egistered Agent) Signature of F

1. The name of the corporation is:

2. The mailing address of the corporation is:

3. Date of incorporation/gualification:

'Date'

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

## \* \* \* FILING FEE: \$35.00 \* \* \*

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DIVISION OF CORPORATIONS

P. O. Box 6327

TALLAHASSEE, FL 32314