## Author Address   Solid No.   Process   Process   Solid No.   Process   Process   Solid No.   Process	DOCUMENT # P9400018287  1. Entity Name NELANA CORPORATION						FILED Jan 09, 2001 8:00 am Secretary of State				
Sulto. And if entire is a state of the properties of the propertie	8936 NW 112TH ST				В		01-09-2001 90031 026 ***150.00				
City & State	2. Principal Place of Business		3. Mailing Address		_						
Signature   Sign	Suite, Apt #, etc:		Suite, Apt #; etc	- :			========DO·NOT	EWRITEINETHIS	SPACE	·	<del></del> -
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box N	City & State		City & State			4.	FEI Number 65-047	3091			
HERNANDEZ, NELSON 8336 NW 112 ST HALEAH GRONS FL 33-0189    City	Zip Coun	try	Zip	Cour	try	5. (	Certificate of Status Des	ired			
### Addition   Signature   Not Acceptable      Street Address (P.O. Box Number is Not Acceptable)	6. Name and Ad	dress of Current Re	gistered Agent	I,	NI	7. 1	Name and Address of N	lew Registered	Agent		1
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.  SIGNATURE    Signane, typed or preservance or registered signer and tries it applicable.   NOTE Registered Agent Signature required when removating)   DATE	8936 NW 112 ST	3-0189			Street Address	(P.O. E	Box Number is Not Acce		Zip Coo	de	
TITLE NAME HERNANDEZ, NELSON   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-2IP   HIALEAH FL 33018   Delete   TITLE   Delete   TITLE   Delete   TITLE   Delete   TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-2IP   TITLE   Delete   TITLE   Delete   TITLE   Delete   TITLE   Delete   TITLE   Delete   TITLE   Delete   Delete   TITLE   Delete   Delete   TITLE   Delete   Delete   Delete   TITLE   Delete	SIGNATURE  Signature, typed or printed in  9. This corporation is eligible to se  Tax filing requirement and elec	ame of registered agent and latisfy, its Intangiblets to do so.	itle if applicable. (NOT	E: Registere	d Agent signature require	d when re	einstating)  10Election Campai  Trust Fund Contr	gn:Financing ribution.	∟ Ådde	d to Fees	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  13. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or tu-sive empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  **TREET ADDRESS** CITY-ST-ZIP  13. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or tu-sive empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  **SIGNATURE:**	NAME STREET ADDRESS		☐ Delete	NAM STRE	E ET ADDRESS				☐ Change	☐ Addition	
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SIGNATURE: 1/3/0/ (305)8250633	indicated on this report or support of the corporation or the received	olemental report is tru er or trustee empowe	e and accurate and that red to execute this report	my signa t as requi	ture shall have the	same	legal effect as if made u	inder oatn; that I	am an office	r or director	
DESCRIPTION OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR	SIGNATURE:	MIRE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER	F Z OR DIREC	гоя		1/3/0/ Date	(305)	82506 Daytime Phone #	633	