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Image: Second Address of Current Registered Agent Second Address of New Registered Agent None 9. Name and Address of Current Registered Agent 61. Name and Address of New Registered Agent None GRANT, MARK %1 Name %1 Name %1 Name 41 Description %1 Name %1 Name %1 Name 42 Streat Address (P.O. Box Number is Not Acceptable) %1 Name %1 Name 44 City FL %1 Name %1 Name 45 Office or registered agent, or tock in the State of Piorda. Stude and the instant with, and accept the obligations of Sections 607.0502. Florida Statutas %1 Carpoint name and address registered agent, or tock in a registered agent, or tock i				Country	Trust Fund Cor	tribution		d to Fees
GRANT, MARK 81 Name % RUDEN BARNETT 82 Street Address (P.O. Box Number is Not Acceptable) 200 E. BROWARD BLVD. 63 FI. LAUDERDALE FL 33302 64 64 City 64 City 64 City 64 City 65 64 66 City 67 FL 86 City 68 City 69 City 69 City 60 City 60 City 61 City 62 City 63 City 64 City 64 City 64 City 65 City 66 City 67 Porters and comparison submits in statement for the purpose of changing its registered agent, and accept the obligations of Section 607.0505, Flonda Statutes. 67 POFTCERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 7 Corpus Change Corpus 81 101 UNIVERSITY DR. #200 1.3 Street Address 7 Corpus Change Corpus 7 Corpus Change Corpus	ziμ	25	29		Personal Prope	rty Tax.	Yes	□No
% RUDEN BARNETT Bit Street Address (P.O. Box Number is Not Acceptable) 200 E. BROWARD BLVD. Bit Street Address (P.O. Box Number is Not Acceptable)			t Registered Agent	81 Name	10. Name and Ad	aress of New Registered	a Agent	
FT. LAUDERDALE FL 33302 FT. LAUDERDALE FL 33302 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. L at Manifer With, and accept the obligations of Sections 07.6506, Florida Statutes. Optimum Synd or primer area of registered agent on the registered agent and the registered agent a	% R	UDEN BARNETT			Address (P.O. Box Numbe	r is Not Acceptable)		· · · · · · ·
Legendary of the provisions of Sections 607.0502 and 607.1506, Florida Statutus, the above-named corporation submits this statement for the purpose of changing lis registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and on the state coepit to bilgations of, Section 607.0505, Florida Statutes. IGNATURE Separation typed or printed name of ingulated agent and the registered agent are departed when required			,		·		95 7ir	o Code
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ARKIN, R 62 NAME ARKIN, R REET ADDRESS 1401 UNIVERSITY DR, STE 200 63 STREET ADDRESS (TY-ST-ZIP CORAL SPGS FL 33071 64 CITY-ST-ZIP A 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 office or other certify that the information is an ual 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 I am an office or other certify that the receiver or trustee and the exemption stated by Chapter 607. Florida Statutes: and that my name appears in other certifies and the exemption for the certify that the information is provided by Chapter 607. Florida Statutes: and that my name appears in other certifies and the provide state in the security of the certifies and the certifies and the security of the certifies and that my name appears in the security of the certifies and that my name appears in the security of the certifies and that my name appears in the security of the certifies and that my name appears in the security of the certifies and that my name appears in the security of the certifies and that my name appears in the security of the certifies and that my name appears in the security of the certifies and that my name appears in the security of the certifies and that my name appears in the security of the certifies and that my name appears in the security of the certifies and that my name appears in the security of the certifies and that my name appears in the security of the certifies and that my name appears in the security of the certifies and that my name appears in the security of the certifies and that my name appears in the security of the certifies and that my name appears in the security of the certifies and that	AGRICE OF F agent. I a agent. I a agent. I a agent. I a agent. I a agent. I a agent. I a b REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE ME	egistered agent, or both, in the State of m familiar with, and accept the obligat OFFICERS AN PD EZRATTI, ITZHAK 1401 UNIVERSITY DR. #200 CORAL SPRINGS FL 33071 VS FANT, ALAN 1401 UNIVERSITY DR. #200 CORAL GABLES FL 33071 VT COSTELLO, RICHARD A 1401 UNIVERSITY DR. #200 CORAL SPRINGS FL 33071 S EZRATTI, MOSHE 1401 UNIVERSITY DR. #200 CORAL SPRINGS FL 33071 S EZRATTI, MOSHE 1401 UNIVERSITY DR. #200 CORAL SPRINGS FL 33071 V NORWALK, RICHARD M	of Florida. Such change was au ions of, Section 607.0505, Flori t and title if applicable. (NOTE: 1 D DIRECTORS DELETE DELETE - DELETE DELETE	thorized by the corp da Statutes. Registered Agent signature r 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	equired when reinstating) ADDITIONS/CH	atement for the purpose of I hereby accept the appo DATE ANGES TO OFFICERS A	of changing i pintment as i ND DIRECT Change	CORS IN 12 Addition Addition Addition Addition
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