DOCU₩	UNIFORM BUSIN MENT # P9400008	9418				19	7
1. Entity Name	*				LED	·	
<1 <sub>0</sub> -	. 11 1	10 Fami	· Lu	720.00	20 PM 3:	51	
Strengthening the Fami Principal Place of Business Mailing Address				00 OCT 20 PM 3:51  SECRETARY OF STATE			
7 f	0(1000)			SECRE!	ARY UP 31	AĞİRC	
				1716			
	,	3. Mailing Address		-			
2. Principal Pla	Metropolism Blue	1589 Netro	politon Blue	DO NOT V	VRITE IN THIS SF	PACE	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	<u> </u>				ed For
City & State		City & State Tallahasel	FL	4. FEI Number 59-34231	1.37	<u> </u>	Applicable
Zip -	Country	Zip	Country	5. Certificate of Status Desire		8.75 Addition in the Required	onal
<u>3230</u>	6. Name and Address of Current Re	ogistered Agent	Q( )(*	7. Name and Address of Ne	w Registered A	gent	
7 0141	REN TUTTEN-		Name				
LAM	759 WHITMON	ZE CT	Street Address	(P.O. Box Number is Not Accept	able)		
						7:- Oada	
TI	OLC DHAMSS,	FC 32312	City		FL	Zip Code	
8. The above	named entity submits this statement for t	the purpose of changing its re	egistered office or regist	tered agent, or both, in the state of	or Florida.		
CIGNIATURE							
SIGNATURE _	Signature, typed or printed name of registered agent and	d title if applicable (NOTE:	Registered Agent signature requi	red when reinstating)	DATE		
9. This corpo	Signature, typed or printed name of registered agent and prattion is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!	Registered Agent signature requirements I FEE IS \$150,00 0 Fee will be \$550,00 e to Department of S	10Election Campaig Trust Fund Contri	n Financing. bution.	Added t	
9. This corpo Tax filing re (See criter	oration is eligible to satisfy its Intangible equirement and elects to do so.  ria on back)  OFFICERS AND D	After MAY 1, 200 Make Check Payable	FEE IS \$150.00 0 Fee will be \$550.00 e to Department of S		n Financing. bution.	Added t	o Fees
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