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Examiner's Initials

CORPORATION NAME(S) & DO	CUMENT NUMBER(S), (if known):
1	
(Corporation Name)	(Document #)
2	
(Corporation Name)	(Document #) 400004624934—4 (Document #) -10/05/0101043002 *****700.00 ******35.00
3. (Corporation Name)	(Document #)
4(Corporation Name)	
Walk in Pick up time	(Document #)
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NEW FILINGS	AMENDMENTS TO BE TO
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

## STATEMENT OF CHANGE OR 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 Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

(Date)

(Typed or Printed Name)