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f Harold I Certific 6208 Per	. Benjamin CPA ed Public Accountant mbroke Road , Florida 33023)002078 -02/05/97	3 481 4 -01057007) *****35.00
City/Sta	te/Zip Phone #	Of	fice Use Only	
CORPORATIO	N NAME(S) & DOCUMENT NUM	BER(S), (if kno	own):	
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Mail out NEW FILINGS Profit NonProfit	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Direct			FEB -
Mail out NEW FILINGS Profit NonProfit Limited Liability	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent			FILED ON OF COM
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication	Will wait Photocopy AMIENDMENTS Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal			FILED ON OF COM
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TATEMENI	OF CHANGE OF R OR BOT	REGISTERED O TH FOR CORPO	FFICE OR REGIST RATIONS	TERED AGENT
Pursuent to the p he undersign submits the To both, in the Stat	Novisions of sections 60. Ted corporation organistion organistic of the section o	7.0502, 617.0502, anized under th order to change its	607.1508, or 617.150 laws of the State registered office or re)8, Florida Statutes, of <u>FLORIDIS</u> agistered agent, or
la. The name o	If the corporation is: S	Specialty Rep	uns 7 Service	Inc.
lb. The mailing	address of the corpor	ation is : 12050 Mian		<u>Avenue</u> 61-6519
1c. Date of inc	orporation:	195 Doc		5000018485
2. The name a	and addres:: of the cur	rent registered and	nt and office:	
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	Jaila huise		301	CRET SIOIT OF
3. The name an	d address c f the new r	registered agent an	d office:(P.O. Box Not A	
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registered agen	iress of its registered i t, as changed, will be i	omice and the stru Identical.	iet address of the bu	siness office of its
Such change w	vas authorizad by resolu by the board,	ution duly adopted	by its board of directo	ors or by an officer
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	of an officer, c tairman or airman of the poard)		(Date)	
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(Signature	of Registered Agenti half of an entity:		and the second s	<u>קן</u>
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Plyision of Corporations, P.O. Box 6327, Talabasson, FL 32316