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a [a] [b] [b] [b] Fords statuts Yes [Charling and Address of New Registered Agent I. I. Ames and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent BEID, MARGARET Sess N.W. 41ST LANE [b] Name [b] Name COCONUT CREEK FL 33074 [b] Name [b] Name [b] [b] Zp Code 11. Preside state [b] [b] Zp Code [b] [b] Zp Code 12. Preside state [b] [b] Zp Code [b] [b] Zp Code 13. Preside state [b] [b] [b] Zp Code [b] [b] Zp Code 20. Intraction for the prevalence of Scolon 607 Scole Fords State [b] [b] [b] Zp Code 30. Intraction for the prevalence of Scolon 607 Scole Fords State [b]	23] Zip	Count		2ip	Count	try			Added t	o Fees
RED, MARGARET 91 Namo SSS3 N.W. 41ST LANE 92 Street Address (P:O: Box Number is Not Acceptable) 10 Fastisant to the provisions of Socions 607,0502 and 607 1508. Florida Statutes, the above-named comportation advinits this statement for the purpose of changing its registered agent, and the provisions of Socions 607,0502 and 607 1508. Florida Statutes, the above-named comportation advinits this statement for the purpose of changing its registered agent, and accept the obligations of Socion 607 2005. Florida Statutes Street Lam branker with, and accept the obligations of Socion 607 2005. Florida Statutes Florida Statutes. 11 Particular florida statute registered agent, and the registered agent and the registered agent and the registered agent agent and the registered and of directors. I hereby accept the appointment as registered agent agent and the registered agent agen	24			red Agent			Florida Statutes	Yes [No	199.032,
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Addition			9074		8	2 Street Add	dress (P.O. Box Number is Not Acc	eptable)		
I. Pursuant to the provisions of Societions 607.05.02 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby socept the appointment as registered agent, and humber with, and accept the difficulture was authorized by the corporation's board of directors. I hereby socept the appointment as registered agent, and humber with, and accept the difficulture was authorized by the corporation's board of directors. I hereby socept the appointment as registered agent, and humber with, and accept the difficulture was authorized by the corporation's board of directors. I hereby socept the appointment as registered agent, and humber with, and accept the difficulture was authorized by the corporation's board of directors. I hereby socept the appointment as registered agent, and humber with, and accept the difficulture was authorized by the corporation's board of directors. I hereby socept the appointment as registered agent, and humber with, and the registered agent and humber with and the registered agent and humber with		CONUT ORCEN PL 3	30/4		8	3				
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14. I do 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 annual 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 officer or director of the corporation or the receiver or furstee empowered to execute this report as required by Chapter 60. Events 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 furstee empowered to execute this report as required by Chapter 60. Events	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, MARGARET 5853 N.W. 41ST L COCONUT CREEK D REID, NADRE 5853 N.W. 41ST L	e of registured agent and lite if a DFF ICERS AND DIRECT ANE (FL 33074 ANE	Applicable (NOT ORS DELETE DELETE DELETE DELETE	E Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.4 CITY 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 3.3 STRE 3.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE	Inventamed co by the corpor- es. Igent signature reginer E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	uirad when reinslating)	the purpose o accept the app DATE		s registered registered S IN 12 Addition Addition
information indicated on this annual 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 officer or director of the corroration or the receiver or furstee empowered to execute this report as required by Chapter 60. Ended Statutes; and that my contract on the receiver or furstee empowered to execute this report as required by Chapter 60. Ended Statutes; and that my contract on the receiver or furstee empowered to execute this report as required by Chapter 60. Ended Statutes; and that my contract on the receiver or furstee empowered to execute this report as required by Chapter 60. Ended Statutes; and that my contract on the receiver or furstee empowered to execute this report as required by Chapter 60. Ended Statutes; and that my contract on the receiver of the contract of the contract of the contract of the contract on the receiver or furstee empowered to execute this report as required by Chapter 60. Ended Statutes; and that my contract on the receiver or furstee empowered to execute this report as required by Chapter 60. Ended Statutes; and that my contract on the receiver or furstee empowered to execute the receiver as required by Chapter 60. Ended Statutes; and that my contract on the receiver or furstee empowered to execute the receiver as required by Chapter 60. Ended Statutes; and that my contract on the receiver of the receiver or furstee empower of the receiver of the receiver of the receiver of the receiver or furstee empower of the receiver of the receiver of the receiver or furstee empower of the receiver or furstee empower of the receiver of	SIGNATURE 12. TIT:F NAME STREET ADDRESS CHY-ST-ZP THLE NAME STREET ADDRESS CHY-ST-ZP THLF NAME STREET ADDRESS CHY-ST-ZP THLE NAMF STREET ADDRESS CHY-ST-ZP THLE NAME STREET ADDRESS CHY-ST-ZP THLE NAME STREET ADDRESS	D REID, MARGARET 5853 N.W. 41ST L COCONUT CREEK D REID, NADRE 5853 N.W. 41ST L	e of registured agent and lite if a DFF ICERS AND DIRECT ANE (FL 33074 ANE	Applicable (NOT ORS DELETE DELETE DELETE DELETE	E: Registered / 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.4 CITY 3.5 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 6.3 STRE 6.3 STRE	vici-named co by the corpor- es. es. E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	uirad when reinslating)	the purpose o accept the app DATE		s registered registered S IN 12 Addition Addition
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