1036 EAST CREST AVENUE PO BC WINTER GARDEN FL 34787 OCOEE L. Principal Place of Business 2a. Mail Suite, Apt. #, etc. Suite 21 23	g Address OX 370 E FL 34761 illing Address te, Apt. #, etc. y & State d Agent 503, Florida Statut Such change was ction 607.0505, Fk	Co 30	83 84 City	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1995 4. FEI Number Applied For 59-3324985 Not Applicable S. Certificate of Status Desired 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent Model Status Desired Status Desired FL 85 Zip Code rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
036 EAST CREST AVENUE VINTER GARDEN FL 34787 PO BC OCOER Principal Place of Business 2a. Mail 26 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 25 29 9. Name and Address of Current Registered ASMA, WILLIAM N 886 SOUTH DILLARD STREET WINTER GARDEN FL 34787	OX 370 E FL 34761 illing Address ite, Apt. #, etc. y & State d Agent 508, Florida Statut Such change was i ction 607.0505, Fk	30	81 Name 82 Street Add 83	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1995 4. FEI Number 59-3324985 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Election Campaign Financing Trust Fund Contribution 6. Election Campaign Financing Trust Fund Contribution 6. Election Campaign Financing Trust Fund Contribution 6. Election Campaign Financing Trust Fund Contribution 7. Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 7. Name and Address of New Registered Agent 7. Box Number is Not Acceptable) FL 85 7. Zip Code
036 EAST CREST AVENUE VINTER GARDEN FL 34787 PO BC OCCER Principal Place of Business 2a. Mail 26 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 219 25 29 9. Name and Address of Current Registered ASMA, WILLIAM N 886 SOUTH DILLARD STREET WINTER GARDEN FL 34787 - Portigations of Sections 607.0502 and 607.15 office or registered agent, or both, in the State of Florida.	OX 370 E FL 34761 illing Address ite, Apt. #, etc. y & State d Agent 508, Florida Statut Such change was i ction 607.0505, Fk	30	81 Name 82 Street Add 83	3. Date Incorporated or Qualified 06/08/1995 4. FEI Number Applied For 59-3324985 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fae Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 10. Name and Address of New Registered Agent Interview Registered Agent
26 Suite, Apt. #, etc. Suite 27 City & State City & State City Zip 28 Zip 25 9, Name and Address of Current Registered ASMA, WILLIAM N 886 SOUTH DILLARD STREET WINTER GARDEN FL 34787 I. Pursuant to the provisions of Sections 607.0502 and 607.15 office or registered agent, or both, in the State of Florida. Sr agent. I am familiar with, and accept the obligations of, Sec GNATURE Signature, typed or printed name of registered egent and libe if appli	te, Apt. #, etc. y & State d Agent 508, Florida Statut Such change was ction 607.0505, Flo	30	81 Name 82 Street Add 83	06/08/1995 4. FEI Number Applied For 59-3324985 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fae Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 10. Name and Address of New Registered Agent
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SNATURE Signature, typed or printed name of registered agent and title if appli		es, the a authorize orida Sta		
SIGNATURE Signature, typed or printed name of registered agent and title if appi		es, the a authorize orida Sta	above-named cor ed by the corpora atutes.	rporation submits this statement for the purpose of changing its registered allon's board of directors. I hereby accept the appointment as registered
		E: Register	red Agent signature requ	
£ PD				
ME CONTE, RALPH HEET ADDRESS 1036 EAST CREST AVENUE Y-ST-ZIP WINTER GARDEN FL 34787		1.3 9	NAME STREET ADDRESS CITY - ST - ZIP	
LE STD ME CONTE, GAIL	DELETE	2.1 T		Change Addition
TEET ADDRESS 1036 EAST CREST AVENUE			STREET ADDRESS	
r-st-zp WINTER GARDEN FL 34787	DELETE	_	CITY-ST-ZIP	Change Addition
AE MOREFIELD, SHELLIE EET ADDRESS 108 NORTH 6TH AVENUE			NAME	
GREELEY CO 80631	DELETE			Change Addition
			NAME	
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	DELETE		NAME	Change Addition
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ле) .	DELETE	6.1 T 6.2 M	TITLE NAME	Change Addition
REET ADDRESS		6.4 0	STREET ADDRESS	n Section 119.07(3)(]), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath, that I am an quired by Chapter 607, Florida Statutes; and that my name appears in

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