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| AT ST LUCE R. 9492       PORT ST. LUCE R. 9492       SECRETARY OF STATE         Principal Place of Business       3. Mailing Address       DO NOT WRITE IN THIS SPACE         Suite, Apt. R. etc.       Suite, Apt. R. etc.       DO NOT WRITE IN THIS SPACE         Chy & State       Chy & State       4. FEI Number<br>Total 2 P Y2661       Anaplied For<br>INST Application         Zip       Country       6. Certificator O Status Desired       \$56.00 Additional<br>For Boguine for<br>INST Applications         Zip       Country       6. Certificator O Status Desired       \$56.00 Additional<br>For Boguine for<br>INST Applications         Sch4FEER, MARTIN<br>Is MARLWOOD LANE<br>ALM DECKH GARDENS FL 34418       Stront Address (PO. Box Number is NM Acceptable)       Stront Address (PO. Box Number is NM Acceptable)         MARLWOOD LANE<br>ALM DECKH GARDENS FL 34418       Dont in general per dyname water their Mattere       DOT IN<br>INST VERE       Dont in general per dyname water their Mattere       DOT IN<br>INST VERE         MARLWOOD LANE<br>ALM DECKH GARDENS (MEMEDINS / MEMEDINS       Dott in general per dyname water their Mattere       DOT IN<br>INST VERE       Dott in general per dyname water their Mattere       DOT IN<br>INST VERE         MARLWOOD LANE<br>The above named and by submits this atterment for the purpose of changing lite re submerial office are regulatered apport, or both, in the State of Floids.       DOT IN<br>INST VERE       DOT IN<br>INST VERE         MARLWOOD LANE<br>The above named andy submits this atterment for the purpose of t  |   |  |  | •   |   |  |              |               | 01                            |                         |   |               |             |
| Findpal Pace of Business       1. Mailing Address         Solite, Apl. #, etc.       Suite, Apl. #, etc.       DO NOT WRITE IN THIS SPACE         Cry & State       City & State       * FEI Number       Applied For         Zip       Country       Zip       Country       Solite, Apl. #, etc.       Applied For         Zip       Country       Zip       Country       S. Certificate of Status Desired       \$5.00 Astriceal For Registered Agent         Image: SchaffER, MARTIN       Status Desired       \$5.00 Astriceal For Registered Agent       Name         SchaffER, MARTIN       Status Desired       \$5.00 Astriceal For Registered Agent       Name         SchaffER, MARTIN       Status Desired       \$5.00 Astriceal For Registered Agent       Name         SchaffER, MARTIN       Status Desired       Status Desired       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids.       NATOHE       Applied For       Status Dool *****150, 00       *****150, 00       ******150, 00       ******150, 00       ************************************  |   |  |  | -   |   |  |              |               |                               |                         |   |               |             |
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| Zip     Country     Zip     Country     Inst Applicable       Charters     Country     S. Cardificate of Status Desired     S5.00 Additional<br>Fee Regulational<br>Fee Regulational<br>F | Suite, Apt  | . #, etc.                                |  | Suite, Apt. #, etc.   |   | ·  | -            | C             | DO NOT WRIT                   | E IN THIS               | S SPACE   | ,             |             |
| Zip     Country     Zip     Country     6. Certificate of Status Desired     \$5.00 Additional<br>Fee Rogitational<br>Fee Rogitational<br>Fee Rogitational<br>Fee Rogitational<br>Fee Rogitational<br>SCHAFFER, MARTIN<br>3 MARLWOOD LANE<br>ALM BEACH GARDENS FL 34418     Name     7. Name and Address of New Registered Agent       ScHAFFER, MARTIN<br>3 MARLWOOD LANE<br>ALM BEACH GARDENS FL 34418     Name     Street Address (P.O. Box Number is Not Acceptable)       Oty     FL     Zip Code       The above named entity submits this statement for the purpose of changing lits re jetsered colfice or registered agent, or both, in the State of Florida.       NATURE     Oty       Quark, typict or pretch area of ageneral agent of test factoria.     ACTE       MARLWOOD LANE<br>SCHAFFER, MARTIN<br>E NORKS     Other of test factoria.       MARLWOOD LANE<br>E NORKS     Internet factorial ageneral agent of test factoria.       MARLWOOD LANE<br>E NORKS     MARLWOOD LANE<br>E NORKS       MARLWOOD LANE<br>E NORKS     Internet factorial ageneral agener   | City & Sta  | te                                       |  | City & State  |   |  | 4. FEIN      | lumber        |                               | ,                       |   | Applied For   |             |
|   | Zip   |  | Country  | Zip   | Country   | /  | //           |               |                               |                         |   |               | ole         |
| CHAFFER, MARTIN S MARLWOOD LANE ALM BEACH GARDENS FL 34418   Hame  Street Address (FC). Box Number is Not Acceptable)  City  FL Zip Code  City FL Zip   |   | 6. Name                                  | and Address of Curre   | ent Registered Agent  | <u> </u>  |  |              |               |                               |                         | Fee Requ  |               |             |
| AARLWOOD LANE     ALM BEACH GARDENS FL 34418      City     FL     Zip Code     City     City     FL     Zip Code     City     City     FL     Zip Code     City     Ci   |   |  |  |   |   | Name   |              |               |                               | giotorou                | rigent  |               |             |
| ALM BEACH GARDENS FL 34418  City FL Zip Code  Ci  | SCHAFFER, MARTIN  |  |  |   |   | Street Address (   | (P.O. Box Nu | umber is No   | t Acceptable                  | )                       |   | ·····         |             |
| The above named entity submits this statement for the purpose of changing its re-jistered office or registered agent, or both, in the State of Florida.  NATURE  Sequence, typed or preliad name of ngelevel agent and the Papiliceter.  PALM BEACH GARDENS FL 33418  CHY ST.2P  MARK ADDRESS  ST.2P  Detete TADDRESS  ST.2P  DETET ADDRESS  ST.2P  DETET ADDRESS  ST.2P  DETET ADDRESS  ST.2P  DETET ADDRESS  ST.2P   |   |  |  |   |   |  |              |               |                               |                         |   |               |             |
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| Biguate, typed or protect rand of ageter of data if applicate.         (VPE if agetered Agent and the Tapplicate.         (VPE if agetered Agent   | The above   | named entity                             | submits this statement   | for the purpose of changing   | its re jistered   | office or register   | red agent, o | r both, in th | e State of Flo                | rida.                   |   |               |             |
| MANAGING MEMBERS/MEMBERS         10.         ADDITIONS/CHANGES           MGRM         Delete         TTLE   |   |  |  |   |   |  |              |               |                               |                         |   |               |             |
| Addition     STRET ADDRESS     CITY-ST-2P     CI   |   |  | · · · · · · · · · · · · · · · · · · ·                          |   |   |  |              |               |                               |                         |   |               |             |
| MANAGING MEMBERS / MARTIN       10.       ADDITIONS / CHANGES         Et ADDRESS       SCHAFFER, MARTIN       Image       Image       Addition         13 MARLWOOD LANE       STRET ADDRESS       CITY-ST-ZP       Image       Image       Addition         Et ADDRESS       Image       Ima  | NATURE .  | Signature, typed a                       | or printed name of registered age                              | ent and title If applicable. (N   | OTE: R -gistored A  |  |              |               | 1004                          |                         | 502   | <br>} t_=     |             |
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| T ADDRESS STREET ADDRESS  | T ADDRESS<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP  | MGRM<br>SCHAFFEF<br>13 MARLW             | MANAGING MEN<br>R, MARTIN<br>OOD LANE                          | ANT and title if applicable. (N<br>ABERS / MEMBERS<br>ABERS / MEMBERS<br>Delete<br>3418<br>Delete<br>Delete<br>Delete   | OTE: R pistored A<br>NOY 1111 FE<br>NAME<br>STREET /<br>CITY-ST<br>TITLE<br>NAME<br>STREET /<br>CITY-ST<br>TITLE<br>NAME<br>STREET /<br>CITY-ST<br>TITLE<br>NAME<br>STREET /<br>CITY-ST<br>TITLE<br>NAME<br>STREET /<br>CITY-ST<br>TITLE<br>NAME<br>STREET /  | ADDRESS<br>-ZIP<br>ADDRESS<br>-ZIP<br>ADDRESS<br>-ZIP<br>ADDRESS<br>-ZIP   |              | 400           | -05/29<br>****1               | 326<br>1/01<br>50.00    | -01154-<br>*****<br>Change                                |               | n<br>n      |
|   | E<br>ET ADDRESS<br>-ST-ZIP<br>ET ADDRESS<br>-ST-ZIP<br>ET ADDRESS<br>-ST-ZIP<br>ET ADDRESS<br>-ST-ZIP<br>ET ADDRESS<br>-ST-ZIP<br>ET ADDRESS<br>-ST-ZIP       | MGRM<br>SCHAFFEF<br>13 MARLW             | MANAGING MEN<br>R, MARTIN<br>OOD LANE                          | art and title if applicable. (N<br>National Contents of the Charles<br>Marker Charles<br>Merry MemBERS<br>Delete<br>Marker Charles<br>Delete<br>Delete  | OTE: R platored A<br>NOY (11) F1<br>Ye Side 10<br>10.<br>117LE<br>NAME<br>STREET /<br>CITY-ST<br>TITLE<br>NAME<br>STREET /<br>CITY-ST<br>TITLE<br>NAME<br>STREET /<br>CITY-ST<br>TITLE<br>NAME<br>STREET /<br>CITY-ST<br>TITLE<br>NAME<br>STREET /<br>CITY-ST   | ADDRESS<br>-ZIP<br>ADDRESS<br>-ZIP<br>ADDRESS<br>-ZIP<br>ADDRESS<br>-ZIP   |              | 400           | -05/29<br>****1<br>ADDITIONS/ | 326<br>1/01<br>50.00    | -01154-<br>*****<br>Change<br>Change                      |               |             |
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| initial allocation of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  | T ADDRESS<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP | MGRM<br>SCHAFFEF<br>13 MARLW<br>PALM BEA | MANAGING MEN<br>R, MARTIN<br>(OOD LANE<br>CH GARDENS FL 33<br> | ARI and Ute If applicable. (N<br>ABERS / MEMBERS<br>ABERS / MEMBERS<br>ABERS / MEMBERS<br>Delete<br>ABERS / MEMBERS<br>Delete<br>Delete<br>Delete<br>Delete<br>Delete<br>Delete   | OTE: R platoned A<br>NOY 111-FE<br>NAME<br>STREET /<br>CITY-ST<br>TITLE<br>NAME<br>STREET /<br>CITY-ST<br>STREET /<br>CITY-ST<br>STREET /<br>CITY-ST<br>STREET /<br>STREET /          | E IS \$50.000<br>Departments<br>ADDRESS<br>-ZP<br>ADDRESS<br>-ZP<br>ADDRESS<br>-ZP<br>ADDRESS<br>-ZP<br>ADDRESS<br>-ZP<br>ADDRESS<br>-ZP<br>ADDRESS<br>-ZP<br>ADDRESS<br>-ZP<br>ADDRESS<br>-ZP | ()State      | -4 []]        | -05/29<br>****1<br>ADDITIONS/ | 328<br>J/01             | -01154-<br>******<br>Change<br>Change<br>Change<br>Change |               |             |

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