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COSTALES, AGUSTIN 12103 SW 105 LANE MAMI FL 33186 Prevaluent to the provisions of Sections 607 0502 and 807 1508. Florida Statutes, the above named corporation submits this atterment for the purpose of changing Its registered agent. L and tamilar with, and a coopt the obligations of. Section 607 0505. Florida Statutes, the above named corporation submits this atterment for the purpose of changing Its registered agent. L and tamilar with, and a coopt the obligations of. Section 607 0505. Florida Statutes, the above named corporation board of directors. I hereby accept the appointment as registered agent. L and tamilar with, and a coopt the obligations of. Section 607 0505. Florida Statutes. SIGNATURE Signature, typed or prevariation tagent and the registrate OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. The OFFICERS AND OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS	Zip	- H-1	intry			┓	itry	,			_ • _	
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A 3 Sinker Address A 3 Sinker Address A 4 City-ST-ZIP A 1 Preeby 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	MIA II. Pursuant to office or re- agent. I am SIGNATURE II. II. SIGNATURE II. SIGNATURE STREET ADORESS CITY-ST-ZIP III.E VAME STREET ADORESS CITY-ST-ZIP III.E VAME STREET ADORESS CITY-ST-ZIP III.E VAME STREET ADORESS CITY-ST-ZIP III.E VAME STREET ADORESS CITY-ST-ZIP III.E VAME	MI FL 33186 b the provisions of S gistered agent, or t n familiar with, and a signature, typed or protect PCTD COSTALES, AC 12103 SW 105 MIAMI FL 3318 VSD COSTALES, M/ 12103 S.W. 10	ections 607.0502 poth, In the State c accept the obligat of registered agent OFFICERS AND BUSTIN LANE 8 ARIA	il and litle If applice	DELETE	rtes, the ab authorized forida Statu 13. 1.1 Tilk 1.2 NAK 1.3 STR 1.4 Cit 2.1 Till 2.2 NAK 2.3 STR 2.4 Cit 3.1 Till 3.2 NAK 3.3 STR 3.4 Cit 4.1 Till 4.2 NAK 4.3 STR 4.4 Cit 5.1 Till 5.2 NAK 5.3 STR 5.4 Cit 6.1 Till 6.2 NAK	B4 City Dve-named corporates. Agent signature requires. E Agent signature requires. Agent signature requires. F. Agent signature requires. Agent signature requires. F. Agent signature requires. F. Agent signature requires. F. Agent signature requires. F. F. Agent signature requires. F. Agent signature requires. F. F. F. Agent signature requires. F. F.	poration submits this statement for ation's board of directors. I hereby	F the purpose accept the ap DATE	of changing opcintment as ID DIRECTO Change Change Change Change Change	its registered s registered RS IN 12 Addition Addition	