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SIGNATURE CREC CAPELLO Signature, speed or princip drawner of registered agent and title 2 applicable. Signature (See criteria on box) Signature (See criteria on					Coun		25	9-3345961			lot Applicable
CAPELLO GREG 18724 WIMBLEDON CIRCLE LUTZ 33549 Entry a statement for the purpose of changing its registered agent, or both, in the State of Florida. City TAMPA City TAMPA City TAMPA FL Zip Code 33613 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE GREG CAPELLO Squature, typed or puried name of registered agent and title il applicable. (NOTE Registered Agent agenture required when reinstating) 9. This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 10. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MME NOTTE KRISTIN SIREET ADDRESS 18724 WIMBLEDON CIRCLE TITLE D Delete TITLE D MAME CAPELLO GREG SIREET ADDRESS 18724 WIMBLEDON CIRCLE FL 33549 CITY-ST-ZIP LUTZ FL 33549 CITY-ST-ZIP TAMPA FL 33613 Change AMME CAPELLO GREG SIREET ADDRESS 18724 WIMBLEDON CIRCLE FL 33549 CITY-ST-ZIP TAMPA FL 33613 Change AMME CAPELLO GREG SIREET ADDRESS 18724 WIMBLEDON CIRCLE FL 33549 CITY-ST-ZIP TAMPA FL 33613 Change AMME CAPELLO GREG SIREET ADDRESS 18724 WIMBLEDON CIRCLE FL 33549 CITY-ST-ZIP TAMPA FL 33613 Change AMME CAPELLO GREG SIREET ADDRESS 18724 WIMBLEDON CIRCLE FL 33549 CITY-ST-ZIP TAMPA FL 33613	•	C N	us	33613	l .					Fee Requir	
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City TAMPA The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE GREG CAPELLO Sepature, typed or pinted name of registered agent and title if applicable. [NOTE Registered Agent signature required when releatating] P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. [See criterion to back.] This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. [See criterion to back.] This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. [See criterion to back.] This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. [See criterion to back.] This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. [See criterion to back.] This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. [See criterion to back.] This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. [See criterion to back.] This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. [See criterion to back.] This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. [See criterion to see in this filing requirement and elects to do so. [See criterion to see in this filing requirement and elects to do so. [See criterion to set in this filing requirement and elects to do so. [See criterion to set in this filing requirement and elects to do so. [See criterion to set in this filing requirement and elects to do so. [See criterion to set in this filing requirement and elects to do so. [See criterion to set in this filing requirement and elects to do so. [See criterion to set in this filing requirement and elects to do so. [See criterion to set in this filing req				·		Street A	ddress (P.O. E	Box Number is Not Accep	otable)		<u></u> - -
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CITY-ST-ZIP	TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STRE	E Et address				☐ Change	☐ Addition
TITLE AMME AMME STREET ADDRESS CITY-ST-ZIP 13. I 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	HAME STREET ADDRESS CITY-ST-ZIP				NAME STRE CITY-	E ET ADDRESS -ST-ZIP					Addition

PVST

01/04/2001 Date

Daytime Phone #

SIGNATURE: Greg Capello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR