| 1. Entity Name | MENT # P9 | | 088506 | S . 3 | | at CRE | FILED FARY OF STATE OF CORPORATIO | - | |
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| Trincipe Trace | -101 | | Mailing Address | | | OI SEP | 25 PM 12: 07 | | 200 |
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| 2. Principal Pla | ace of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, | , etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE | IN THIS SPACE | | الرسعية إلى معالمين د |
| City & State | | | City & State | | 4. F | FEI Number 59-3342809 | | olied For Applicable | |
| Zip | Country | | Zip | Country | 5. (| Certificate of Status Desired | \$8.75 Addit | | A COLUMN |
| | 6. Name and Address o | f Current Re | gistered Agent | N | 7. Name | Name and Address of New Re | gistered Agent - | | F |
| SCHROEDER | R, RONALD K | | | | | Box Number is Not Acceptable) | | | in the second |
| | RFIELD WAY | | | | Street Address (F.O. E | sox Number is Not Acceptable) | | | - - |
| BRANDON F | FL 33510 | | | | | | | | |
| | | | | | City | | FL Zip Code | • | 5 |
| O The ' | | | | | | | | | |
| s. The above n | named entity submits this sta | atement for th | e purpose of changing if | its registered o | office or registered ag | ent, or both, in the State of Flori | ida. | | ča d |
| SIGNATURE | Bluoro | | - Ron | 1 Schr | veder. | 9-6- | 01 | | - 15 m - 15 (155) |
| SIGNATURE | named entity submits this standard submits the stan | | - Ron | 1 Schr | | 9-6- | | | To a series of the series of t |
| SIGNATURE S | Signature, typed or printed name of reg ation is eligible to satisfy its equirement and elects to do | istered agent and | title if applicable. (NC | OTE: Registered Age W!!! FEE IS 12, 2001 Fee | ent signature required when re \$550.00 will be \$750.00 | 9-6- | O / DATE noing _ \$5.00 | May Be to Fees | The state of the s |
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