FOR PROFIT CORPORATION

2002 8.00 am

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Street Address The above named entity submits this statement for the purpose of changing its registered Agent algorithms and the properties of the properti					7. 1	Name and Address of Current Registered Agent]	
IN THIS SPACE Table The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or involved agent space of changing its registered agent, or both, in the State of Florida. U		DO NOT WE	ITE	Name	Rai	& ber Manger /]	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. City FL Zip Code	·				Idress (PØ)	ress (PO. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See oriteria on back) 11. OFFICERS AND DIRECTORS TITLE MAME SIRET ADDRESS CITY-ST-2P TITLE MAME SIRET ADDRESS		IN THIS SEF	ICE	Tal	<u> </u>	resru FC. 32309-		
SIGNATURE Signature, holded or or food their or inflorence dispose and title if applicable. NOTE: Requisered Agent signature required when reinstating) DATE				City		FL Zip Code		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. State		named entity submits this statement for th	e purpose of changing its r	egistered office or	registered a	igent, or both, in the State of Florida. $4/26/02$		
After May 1. Fee is \$55.00 After May 1. Fee is \$55.05 Amended UBR is \$61.25 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE NAME SINEET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS STREET ADR	0.0.0.0.0.12	Signature, typed or printed harme of registered agent and t	itle if applicable. (NOTE:	Registered Agent signatur	re required when	reinstating) DATE	4	
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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 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR