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B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plonds. SIGNATURE Signature, typed or privad marks at registered agent and tile reported agent (MOTE Registered Agent signature registered agent, or both, in the State of Plonds. (See criteria on back)	Zip Code	E Zip	City		i		14147-114
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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 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 B changed, or on an attachment with an address, with all other the empowered. SIGNATURE:	an officer or director lock 11 or Block 12 if	legal offect as it made under dath, that I am an off	anatura chall hava.	to execute this report a	is true and a lowered to i	on this report or supplemental report is poration or the receiver or trustee empoy or on an attachment with an address, w	indicated of the corj changed,