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CORRIGAN, MICHAEL J 295 FLORIDA STREET STUART FL 34894  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.  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.  8. This corporation is eligible to safety its Intangible Tax filling requirement and elects to do so.  9. This corporation is eligible to safety its Intangible Tax filling requirement and elects to do so.  9. (See ordireits on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS  5TREET A	Zip	_: ~	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add	itional	
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STUART FL 34994  City FL Zip Code  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 Scripture hybrid to private new of registere agent and the if expocation.  POTE: Registered Agent Exposure recursor when remetable DATE  POTE: Registered Agent Exposure remetable DATE  POTE: Registered DATE  POTE: Regis				Street A	ddress (P.C	D. Box Number is Not Acceptable)	1			
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SIGNATURE  Sprakurs, typed or printed review of registrated agent and size if applicable.  8. This corporation is eligible to satisfy its Intanglible Tax filling requirement and elects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE  NAME CORRIGAN, MICHAEL J STREET ADDRESS CITY-ST-ZP  TITLE  NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE Delete Delete TITLE Delete Delete Delete DELET DE			Α.	City	<b>\$</b>		FL Zip Code			
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informal 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 display of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with an address, with all other like empowered.	indicated of the con	on this report poration or the	rt or supplemental report is t ne receiver or trustee empoy	true and accurate and that it vered to execute this report	the exemption star ny signature shall h as required by Cha	ed in Secti ave the sar oter 607, F	ne legal effect as it made under oath forida Statutes; and that my name ap	chat I am an officer pears in Block 11 or	Bloc	
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deptine Prome &		, ,								