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e of Business	Mailing Address	•								
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								ELLE CIDIA LEDI		III 1181 (188)
Principal Place of Business 3. Mailing Address								ÚN ENSTÂN	IIII	
#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
ote City & State					FEI Number	59-3399	959		\rightarrow	plied For t Applicable
		Coun	try	5.	Certificate of	Status Desire	ed 🗆		5 Add	litional
6. Name and Address of Current R	egistered Agent			7. 1			w Registe		,	
ODEN. LARRY	Name 🛵			RNY	by whosen					
3 BOSLEY DR			Street Addr	255 (P.A). E			table)			
NG HILL FL 34610	•		SPRIN		W					
•			City	<u> </u>	<u> </u>	1001		FI Z	e) Cod	1600
named entity submits this statement for t	the nurnose of changing its	ragietara	d office or re-	gietarad ag	ent or both	in the State o		-	2-4	WIC
,	in purpose of oncompany in	, rogiotore	34 011100 01 70 <u>1</u>	giotorea ag	joint, or boar,	iii iiie State C	a i ionoa.			
Signature, byned or printed name of registered agent an	title if conline le	E. Banistara	d Ac							
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		12.		AD	DITIONS/C	HANGES TO	OFFICERS			
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18133 BOSLEY DR		STREE	ET ADDRESS							
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	E ANGELA, INC. e of Business DR L 34610 lace of Business #, etc. 6. Name and Address of Current R DDEN, LARRY 3 BOSLEY DR NG HILL FL 34610 Signature, typed or printed name of registered agent and ration is eligible to satisfy its Intangible acquirement and elects to do so. a on back) OFFICERS AND D. DPVS WHIDDEN, LARRY 18133 BOSLEY DR SPRING HILL FL 34610 T WHIDDEN, LARRY 18133 BOSLEY DR	E ANGELA, INC. Be of Business	E ANGELA, INC. e of Business DR 18133 BOSLEY DR SPRING HILL FL 34610 Iace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State City & State Country	E ANGELA, INC. Be of Business DR 18133 BOSLEY DR SPRING HILL FL 34610 Iace of Business 3. Mailing Address Back of Business 3. Mailing Address Suite, Apt. #, etc. City & State City & State Country Agree Agent City City City Country Country	E ANGELA, INC. a of Business DR 18133 BOSLEY DR SPRING HILL FL 34610 Suite, Apt. #, etc. City & State DDEN, LARRY 3 BOSLEY DR NG HILL FL 34610 Signature, typed or printed name of registered agent and site if applicable. Taking is eligible to satisfy its Intangible squirement and elects to do so. a on back) DPVS OFFICERS AND DIRECTORS Delete TILL NAME SIRRET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	e of Business DR 18133 BOSLEY DR 18133 BOSLEY DR SPRING HILL FL 34810 Set Country	E ANGELA, INC. O1-25-20 O1-25-20	E ANGELA, INC. O1-25-2001 902. of Business DR 18138 BOSLEY DR SPRING HILL FL 34610 TOFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS SPRING HILL FL 34610 TILE WHIDDEN, LARRY 18133 BOSLEY DR SPRING HILL FL 34610 Delete TILE NAME SPRING HILL FL 34610 TILE NAME SPRING HILL FL 34610	E ANGELA, INC. O1-25-2001 90222 044 ** O1-25-2001 9022 044 ** O1-25-2	E ANGELA, INC. O1-25-2001 90222 044 ****150 O1-25-2001 9022 044 ****150 O1-25-2001 90222 044 ****150 O1-25-2001 90222 044

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 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 Block 12 if changed, or on an attachment with an address, with all other like ampowered.

SIGNATURE: (

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #