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64-CITY-ST-ZIP 14. 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	office or registered agent, or both, in the State of Florida. SIGNATURE WILLY SIGNATURE SIGNATURE	Such change was a ection 607.0505, Flo Photal (NO ORS DELETE DELETE DELETE DELETE	s, the above-named couthorized by the corporida Statutes. 13. 13. 13. 13. 13. 13. 13. 13. 13. 1	Proportion submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered oration's board of directors. I hereby accept the appointment as registered by Date
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14. Thereby centry that the information supplied with this limit does not quality for the exemption state in section 1.19.07(3)(i), Florida Statutes. In turner centry in the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am	office or registered agent, or both, in the State of Florida. SIGNATURE WILLY SACIE Black HISTIMME SIREET ADDRESS CITY-ST-ZIP TITLE NAME	Such change was a ection 607.0505, Flo Photal (NO ORS DELETE DELETE DELETE DELETE	s, the above-named couthorized by the corporida Statutes. 13. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	Proportion submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered oration's board of directors. I hereby accept the appointment as registered by Date