

FILED
Jan 17, 2008 8:00 am
Secretary of State

900000



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. **Added to Fees**

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

1/15/08

813-909-1819

Date _____

Daytime Phone #