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T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  Street Address (F.O. Box Number is Not Acceptable)  Street Address (F.O. Box Number is Not Acceptable)  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  Supurant, inset or primit mere or registered agent and this factorist in the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  Supurant, inset or primit mere or registered or registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  SUPURANT REGISTANCE of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  SUPURANT REGISTANCE of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  SUPURANT REGISTANCE of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  SUPURANT REGISTANCE of the state	Zip 3 Z	810		<u> </u>	itry				Additional	e		
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Street Address (F.O. Bux Number is Not Acceptable)	The	6000	e P Wo	00		Name		· · · · · · · · · · · · · · · · · · ·				
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 Florida.    SIGNATURE						Street A	Address (P.O. E	Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax Inting requirement and elects to do so (See orfeitie on Gosci) Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  11. OFFICERS AND DIRECTORS  12. DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. DIRECTORS  16. DIRECTORS  17. OFFICERS AND DIREC									.,			
SIGNATURE   Signature, finance or present name of reginateric aports and title if applicable. (ROTE Registered Aport Signature required whon revisitoring)   DATE	ron	TPAN				City		F	Zip C	ode	7	
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Task filing requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00   Trust Fund Contribution.   Added to Fees    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   PRESIDENT   Delete   TITLE   VICE PRESIDENT   Change   Addition    MAME   Charles Branches   Trust Fund Contribution.   Addition    MAME   Trust Fund Con	9. This corpo	oration is eligi	ble to satisfy its Intangible	FILE NOW	III FEE	IS \$150.	.00	40 Floring Committee Committee			-	
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SIGNATURE: SIGNATURE: Burnes 3-7-01 (407) 298-4997  SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Daving Phone #	SIGNAT	URE: <u>-</u> <u> </u>		B. B. W. S. LINES	OR DIRECT	DR	<u>.</u>	3-7-01 (4	07) 29	8-4997	7	