| Zip Country Zip Country 5. Certificate of Status Desired \$8.75-A Fee Required Agent 7. Name and Address of New Registered Agent Name FALKENSTEIN, MICHAEL 7485 MARIANA DR SARASOTA FL 34231 City FL Zip Co. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5 | Applied For Not Applicable oditional ed |
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| 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 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 office 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 changed, or on an attachment with an address, with all other like empowered. | ☐ Addition |
| changed, or on an attachment with an address, with all other like empowered. GNATURE: MILITER FACE ENSTER A GRAPH-8 | Addition Information or or director |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

新年 中華 日報日 - 日日 - 日日 - 日田 - 日田 - 日田 - 日田 - 田田 - 田