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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent REINSCH, MARK A ESO. 200 W. FORSYTH STREET 82 SUIT 1400 JACKSONVILLE FL 32202 84 City FL 84 City Pursuant to the provisions of Sections 507.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the pursue of changing its registered office or registered agent, and florida statutes. MATURE 84 Bight, Jan Raming with, and accept the colligations of Section 507.0502 and 607.1508. Florida Statutes. CMATURE 13 Bight, Jan Raming with, and accept the colligations of Section 507.0502. Florida Statutes. CMATURE 0FFICERS AND DIRECTORS Bight, Jan Raming with, and accept the colligation of section 507.0502. Florida Statutes. CMATURE 0FFICERS AND DIRECTORS Bight, Jan Raming with and accept the colligation of section 507.0502. Florida Statutes. CMATURE 0FFICERS AND DIRECTORS Bight, Jan Raming with and accept accept the colligation accept he colli	Zip Country	Zip			
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Y.ST-ZIP JACKSONVILLE FL 32205 54 CITY-ST-ZIP LE D DELETE 6.1 TITLE Change Addition ME SUMON, MIKE 6.2 NAME 6.3 STREET ADDRESS Addition Y-ST-ZIP JACKSONVILLE FL 32205 6.4 CITY-ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP L Inereby 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 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 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 and the more signature shall have the same legal effect as if made under oath; that I am an	Signature, typed or printed name of registered ag 2. OFFICERS A LE D ME NOSRAT, BRUCE 1136 SOUTH EDGEWOOD AV Y-ST-ZIP JACKSONVILLE FL 32205 LE D ME PARIS, RAY REET ADDRESS 1136 SOUTH EDGEWOOD AV Y-ST-ZIP JACKSONVILLE FL 32205 LE D ME PARIS, RAY 1136 SOUTH EDGEWOOD AV Y-ST-ZIP JACKSONVILLE FL 32205 LE D ME HAKIM, TOM 1136 SOUTH EDGEWOOD AV Y-ST-ZIP JACKSONVILLE FL 32205 LE D ME TAVOUSI, BIJAN 1136 SOUTH EDGEWOOD AV Y-ST-ZIP JACKSONVILLE FL 32205		13. 1.1 ITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 ITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 ITTLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	e Addition
ME SUMON, MIKE REET ADDRESS Y-ST-ZIP JACKSONVILLE FL 32205 L Thereby 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 annual report or 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 annual report or 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 annual report or 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 annual report or 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	Signature, typed or printed name of registered ag 2. OFFICERS A LE D NOSRAT, BRUCE MME NOSRAT, BRUCE I136 SOUTH EDGEWOOD AV Y-ST-ZIP JACKSONVILLE FL 32205 LE D ME PARIS, RAY REET ADDRESS 1136 SOUTH EDGEWOOD AV Y-ST-ZIP JACKSONVILLE FL 32205 LE D ME HAKIM, TOM REET ADDRESS 1136 SOUTH EDGEWOOD AV Y-ST-ZIP JACKSONVILLE FL 32205 LE D ME TAVOUSI, BIJAN REET ADDRESS 1136 SOUTH EDGEWOOD AV Y-ST-ZIP JACKSONVILLE FL 32205 LE D ME TAVOUSI, BIJAN T36 SOUTH EDGEWOOD AV TY-ST-ZIP JACKSONVILLE FL 32205 D ME D ME D ME D ME NOSRAT, DELORES		13. 1.1 ITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 ITTLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 ITTLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 ITTLE 5.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	e Addition
I. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an	Signature, typed or printed name of registered ag OFFICERS A LE D NOSRAT, BRUCE REET ADDRESS 1136 SOUTH EDGEWOOD AV Y-ST-ZIP JACKSONVILLE FL 32205 LE D ME PARIS, RAY T136 SOUTH EDGEWOOD AV Y-ST-ZIP JACKSONVILLE FL 32205 LE D ME PARIS, RAY T136 SOUTH EDGEWOOD AV Y-ST-ZIP JACKSONVILLE FL 32205 LE D ME HAKIM, TOM REET ADDRESS 1136 SOUTH EDGEWOOD AV Y-ST-ZIP JACKSONVILLE FL 32205 LE D ME TAVOUSI, BIJAN REET ADDRESS 1136 SOUTH EDGEWOOD AV Y-ST-ZIP JACKSONVILLE FL 32205 LE D ME NOSRAT, DELORES 1136 SOUTH EDGEWOOD AV Y-ST-ZIP JACKSONVILLE FL 32205		13. 1.1 ITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 ITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 ITTLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 ITILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	e Addition
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 12 or Block 13 if changed, or on an attachment with an address/with all other like empowered.	Signature, typed or printed name of registered ag 2. OFFICERS A TLE D MME NOSRAT, BRUCE REET ADDRESS 1136 SOUTH EDGEWOOD AV TY-ST-ZIP JACKSONVILLE FL 32205 TLE D MME PARIS, RAY TREET ADDRESS 1136 SOUTH EDGEWOOD AV TY-ST-ZIP JACKSONVILLE FL 32205 TLÉ D MME HAKIM, TOM REET ADDRESS 1136 SOUTH EDGEWOOD AV TY-ST-ZIP JACKSONVILLE FL 32205 TLE D MME TAVOUSI, BIJAN REET ADDRESS 1136 SOUTH EDGEWOOD AV TY-ST-ZIP JACKSONVILLE FL 32205 TLE D MME NOSRAT, DELORES 1136 SOUTH EDGEWOOD AV TY-ST-ZIP JACKSONVILLE FL 32205 TLE D NME NOSRAT, DELORES 1136 SOUTH EDGEWOOD AV TY-ST-ZIP JACKSONVILLE FL 32205 TLE D NME SUMON, MIKE IREET ADDRESS 1136 SOUTH EDGEWOOD AV<	AND DIRECTORS	13. 1.1 ITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 ITILE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 ITILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 ITILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 ITILE 6.2 NAME 6.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	e Addition
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