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Image: mail of the provisions of Sections 607.0502 and 607.1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent of both, in the State of Florida. Such change submits this statement for the purpose of changing its registered agent of both, in the State of Florida. Such change submits this statement for the purpose of changing its registered agent of both, in the State of Florida. Such change submits this statement for the purpose of changing its registered agent. and for the provisions of Sections 607.0502 and 607.1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. Tam familiar with, and accept the obligations of. Section 607.0505. Florida Statutes. SIGNATURE 91 0 10 Name and Address of Contage. Section 607.0506. Florida Statutes. The above-named corporation's board of director's: I hereby accept the applicatement agent agent of board of the obligations of. Section 607.0505. Florida Statutes. 10 0 0 SIGNATURE 910 0]			Zin	Country	Trust Fund Contribution	Added t	o Fees
B, 'Name and Address of New Registered Agent B, 'Name and Address of New Registered Agent SALAZAR, MANUEL 14821 W. DXXE HWY MAMI FL 33161 B2 Street Address (P.O. Box Number is Not Acceptable) B3 B Address of New Registered Agent B2 Street Address (P.O. Box Number is Not Acceptable) B3 B	1 [°]		·	·	·	Personal Property Tax.	🗆 Yes	No
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14. 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 the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the repeiver or true ee on powered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	MIAN 1. Pursuant office or r agent. I a SIGNATURE 2. TILE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TT-ST-ZIP TLE AME TREET ADDRESS TT-ST-ZIP TLE AME TREET ADDRESS TT-ST-ZIP TLE AME TREET ADDRESS	AI FL 33161	n, in the State of Fiolid cept the obligations of, the of registered agent and title i DFFICERS AND DIRE ENUE ISO15	A Section 607.0505, Flor (Applicable. (NOTE: CTORS DELETE DELETE DELETE DELETE DELETE DELETE	84 City es, the above-named conthonized by the corporation statutes. Image: Corporation statute required by the corporation statutes. 13. 1.1 TITLE 12. NAME 1.3 STREET ADDRESS 14. CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.3 STREET ADDRESS 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO OF	FL appurpose of changing its appointment as repointment a	registered IRS IN 12 Addit Addit Addit