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City & State Ci	2. Principal Place of Business	3. Mailing Address		7
Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Septime type Control for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Septime type Control for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Septime type Control for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Septime type Control for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Septime type Control for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Septime type Control for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Septime type Control for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Septime type Control for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Septime type Control for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Septime type Control for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Septime type Control for the purpose of Changing its registered agent, or both, in the State of Florida. SIGNATURE Septime type Control for the purpose of Changing its registered agent, or both, in the State Agent Control for the purpose of Changing its registered agent, or both, in the State Agent Control for the purpose of Changing its registered agent, or both, in the Stat	Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS SPACE
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Street Address of Current Registered Agent	Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
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Ety FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typic further name of registered agent are the it explaced. 9. This corporation is eligible to satisfy its Intangible Task fling registered agent agent are the it explaced. AFFILE (NOWILE FEEL IS) \$150.00 to 1.00 to		33155		
SIGNATURE Signature, proved provide rearre of recreased appeal ame title if applicable. PITIE NOW!!! FEE!SIS:150:005. ARE, MAY 12:2015 Fee: Will big 1555:001 ARE, MAY 12:2015 Fee: Will big 1555:001 ARE, MAY 12:2015 Fee: Will big 1555:002 ARE, MAY 12:2015 Fee: Will big 1555:002 ARE, MAY 12:2015 Fee: Will big 1555:002 Added to Fees 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE SUGERIOR SINCE THE CONCESS OFFICERS AND DIRECTORS IN 11 THE SUGERIOR SINCE THE CONCESS OFFICERS AND DIRECTORS IN 11 THE SUGERIOR SINCE THE CONCESS OFFICERS AND SINCE TADDESS OFFICERS OFFICERS AND SINCE TADDESS OFFICERS OFFICERS AND SINCE TADDESS OFFICERS AND SINCE TADDESS OFFICERS OFFICERS OFFICERS AND SINCE TADDESS OFFICERS OFFICE	.1=0,00 /		City	FL Zip Code
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NAME STREET ADDRESS DITY-ST-ZIP STREET ADDRESS DITY-ST-ZIP 13. 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 report or supplemental report is true and occurred and that my signature shall have the core level.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS	Change Addition
13. 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 report or supplemental report is true and accurate and that my ejecture shall have the correlation.	TITLE	Delete	NAME	* Change Addition
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 or Block 12	13. I hereby certify that the information supplied wi	ith this filing does not qualify fo t is true and accurate and that r	or the exemption stated in S	Section 119.07(3)(I), Florida Statutes. I further certify that the information e same legal effect as if made unitier oath; that term an officer or director

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: D

TROMEN, INC. DOC.#P97000016293

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURHTER STATE THAT I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY

OSVAIDO J. DIAZ DIRECTOR O1 AUG 30 PN 4: 24
SECRETARY OF STATE
ARIL AHASSEE FLORIDA