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SHENANDOAH SERVICE CENTER, INC.							organica.	r naist	, VIIOne	
						U	1 MAY 18	PM 3	: 0 0	
2. Principal Place of Business		3. Mailing Address			_	•				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. F	El Number 59–3452156				
Zip 	Country	. Zip	Coun	try	<u>_</u> _	ertificate of Status Desired	i j	ee Require		
	6. Name and Address of Current R	egistered Agent		Name:	7. N	ame and Address of New	Registered Ag	ent		
•	•			Name.						
25	ornton, R. Maury 336 Countryside Blvd h Floor	Melling Address 2536 Countryside Blvd Clearwater FL 33763 3. Mailing Address Suife, Apt #, etc. DO NOT Writte IN THIS SPACE DO NOT Writte IN THIS SPACE DO NOT Writte IN THIS SPACE Applied For Sp-3452156 Suife, Apt #, etc. DO NOT Writte IN THIS SPACE Applied For Sp-3452156 Zo Country S. Certhoate of Status Deared Status Deared Registered Agent Name In Name Street Address (P.O. Bru Number is Not Acceptable) City FL Zip Code Inter the purpose of changing its registered office or registered agent, or both, in the State of Fonda. Series and the registered Agent The Name and Address of New Registered Agent FL Zip Code Inter the purpose of changing its registered agent, or both, in the State of Fonda. Series and the registered Agent spallular socialed mone mencatry: Do Beach Mark Chock Physibio to Department of State NO DIRECTORS The Name Address of New Registered Agent To Bosch, Kenneth W I III BOSCH DO								
* ,	earwater FL 33763						FL	Zip Cod	Э	
8. The above	named entity submits this statement for t	the purpose of changing its	registere	ed office or	registered age	nt, or both, in the State of F	lorida.			
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signatu	re required when feir	nstating)	DATE			
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 200	oi Fee	will be \$5	50.00		~ —			
11.	OFFICERS AND D	RECTORS	12.	·	ADI	DITIONS/CHANGES TO OF	FICERS AND C	DIRECTOR	3 IN 11	
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NAME	=	•	NAM							
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TITLE	Tearwater FL 33/63	> Delete	TITLE					Change	Addition	
NAME	North, Timothy O								-	
STREET ADDRESS CITY-ST-ZIP	2536 Countryside Blv	1 3rd Floor								
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indicated of the cor	on this report or supplemental report is t	rue and accurate and that ne vered to execute this report	ny signat as requi:	ture shall ha	ave the same le	egal effect as if made unde	r oath; that I an	i an officer	or director	
SIGNAT	URE: SGNATURE AND TWEED OR PR	INTED NAME OF SIGNING OFFICER	OR DIRÊÇÎ	Timo	THY. O.	UORTH	727–726 _{ča}	9726 _{e #}		