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Zip Country Zip Country S. Certificate of Status Desired Image: Street Address of Current Registered Agent . Name . Name POSTIGO-LOPEZ, JOSE L . Name . Name Street Address (P.O. Box Number is Not Acceptable) . Street Address (P.O. Box Number is Not Acceptable) FILE NOW!!! FEE BisCAYNE FL 33149 . City 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. . Not The Egrature types or press rame of registered agent. . (NOTE Registered Agent algorithme registered agent, or both, in the State of Florida. MATURE . Street Address (P.O. Box Number is Not Acceptable)	4 EELNumber	
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I hereby certify that the information sopplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further indicated on this report or supplemental report is tree and accurate and that my signature shall have the same legal effect as if made under oath; the of the corporation or the receiver or hosts e empryored to execute this report as required by Chapter 607, Florida Statutes; and that my name apper changed, or on an attachment with an address the all ther like empowered.	that I am an office	ar or director