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			2:-	Countr							ot Applicable	
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	6. Name	and Address of Current	Registered Agent	· · · · · ·	Name	7. 1	lame and Add	ress of New F	legistered	Agent		
nie.	TEEN, JANE	· :T			Name							
		DGE PLACE			Street Addres	ss (P.O. B	ox Number is	Not Acceptable	o). 			
#20	7											
LON	IGWOOD FL	. 32779		ļ.	City				FI	Zip Coo	de	
P. The above	nomed satisfy	enhaits this statement for	r the purpose of changing it	ts registered	d office or regis	stered ag	ent or both in	the State of Fk		<u> </u>		
e. The above	THEIR CALL	y apprints this statement to	and purpose or one garage									
							o,,, g. 200,, v.					
SIGNATURE			(AV)	VE: Bearinged								
		or printed name of registered agent a			Açent eignature requ				DATE			
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