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| Image: Control of the provisions of Current Registered Agent Image: Control of Current Registered Agent Image: Control of Current Registered Agent AMERILAWYER CHARTERED 333 AURERIA AVENUE CORAL GABLES FL 33134 Image: Control of Current Registered Agent Image: Control of Current Registered Agent Image: Control of Current Registered Agent - Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursues of changing its registered agent, there dagent, or to be the object of Indiations, Image: Section 607.0500, Florida Statutes. Image: Control of Contro of Control of Control of Control of Control of Control of | | | 28 | | | Trust Fund Contribution | Added | |
| g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED 333 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) B2 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) B2 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) B4 City FL 85 Zip Code Pursuant to the provisions of Section 607, 5002 and 607, 1508, Florids Statutes, the above-named corporation submits this statement for the pursue of changing its registered agent, tareetmains with, and Hospitan Space advect advect abundance of directors. I hereby accept the oblightering advect of changes (P.O. Box Number is Not Acceptable) Biggets Set or circle the oblightering advector advect abundance of directors. I hereby accept the oblightering advector advect abundance advect abundance. DATE PD OFFICERS AND DIRECTORS 13. Matheres OFFICERS AND DIRECTORS IN 12. Street Address 13. The Inte 23. Matheres 23. Matheres 12131 S.W. 103RD STREET 13. The Inte 23. Matheres 23. Matheres < | Zip | | · – | · - | | | | X No |
| AMERILAWYER CHARTERED 343 ALMERA AVENUE CORAL GABLES FL 33134 | <u> </u> | 9, Name and Address | of Current Registe | ered Agent | | 10. Name and Address of New R | egistered Agent | |
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| ME 62 NAME GET ADDRESS 63 STREET ADDRESS Y-ST-ZIP 64 CITY-ST-ZIP It 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 is indicated to a 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 is indicated to a 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 is indicated to a supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). | office c agent. GNATUR E E E E E E E E E E E E E E E E E E E | PD HYMAN, RAY 12131 S.W. 103RD ST MIAMI FL 33186 TD HYMAN, JO ANNE 12131 S.W. 103RD ST MIAMI FL 33186 TD HYMAN, JO ANNE 12131 S.W. 103RD ST MIAMI FL 33186 TD HYMAN, JO ANNE 12131 S.W. 103RD ST MIAMI FL 33186 SS MIAMI FL 33186 SS MIAMI FL 33186 SS MIAMI FL 33186 SS MIAMI FL 33186 | the state of Florida the obligations of, s and seen and the fi icers and Direc REET | Such change was au Section 607.0505, Flori Content of the section for the sec | s, the above-named corr thorized by the corporat da Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME | red when reinstating) | L purpose of changing its the appointment as re DATE ICERS AND DIRECT Change Change Change Change Change Change | s registered egistered DRS IN 12 Addition Addition Addition |
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| 1. I hereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes, I further certify that the information indicated on this annual report or supplied with this tiling does not quality for the exemption stated and that my signature shall have the same legal effect as if made under oath; that I am an effect or director of the comparison of the truther for the exemption of the comparison of the comparison of the truther and accurate and that my signature shall have the same legal effect as if made under oath; that I am an effect or director of the comparison of the truther for the truther and accurate the same legal effect. The provide state and that my name appears in the same does not accurate the same legal effect. | Office c agent. GNATUR (LE VETADDRE VST-ZIP LE KEETADDRE VST-ZIP LE KEETADDRE VST-ZIP LE KEETADDRE VST-ZIP LE KEETADDRE VST-ZIP LE KEETADDRE VST-ZIP LE KEETADDRE | TO registered ägent, or both, in 1 am femiliar with, and accept Signature, typed bronited name of more Signature, typed bronited name of more PD HYMAN, RAY 12131 S.W. 103RD ST MIAMI FL 33186 SD HYMAN, BARBARA 12131 S.W. 103RD ST MIAMI FL 33186 TD HYMAN, JO ANNE 12131 S.W. 103RD ST MIAMI FL 33186 TD HYMAN, JO ANNE 12131 S.W. 103RD ST MIAMI FL 33186 ESS | the state of Florida the obligations of, s and seen and the fi icers and Direc REET | Such change was au Section 607.0505, Flori TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE | s, the above-named corr thorized by the corporat da Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME | red when reinstating) | L purpose of changing its the appointment as re DATE ICERS AND DIRECT Change | s registered egistered DRS IN 12 Addition Addition Addition Addition |
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