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If A. 2316 Link IF, 3316 Principal Prace of Business 3. Mailing Address Suite, Apt. 4. dot: Suite, Apt. 4. dot: City & State City & State Q Country ZQ Country ZQ Country A. Maine and Address of Durrent Registered Agent NUNEZ, GISELA S325 WEST 12TH AVE HALEAH FL 33012 The above nended entry such 2 bits statement for the purpose of changing its registered of the or registered agent, or box, in the State of Florida. 2VV100F The above nended entry such 2 bits statement for the purpose of changing its registered of the or registered agent, or box, in the State of Florida. 2VV100F The above nended entry such 2 bits statement for the purpose of changing its registered of the or registered agent, or box, in the State of Florida. 2VV100F The corporation is dig also is able water with its register DRCE FREE Differ registered agent, or box, in the State of Florida. 2VV100F The corporation is dig also is able water with its register DRCE FREE Differ registered agent, or box, in the State of Florida. 2VV100F The corporation is dig able in able by the right Bits Differ registered agent, or box, in the State of Florida. 2VV100F The corporation is ding able in able by the right Bits	ncipal Place of NW 77TH AVE	E	6801 NW 77TH AVE							
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Certificate of Status Desired Certificate of Status C			City & State			4. FEI Number	65-0753351			
Nume: Name: Size Address (P.D. Box Numbor is Nor Acceptable) The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda NATURE Factors and of onther name of one management for the purpose of changing its registered office or registered agent, or both, in the State of Forda NATURE Factors and of one management for the purpose of changing its registered office or registered agent, or both, in the State of Forda NATURE Factors and one of one management for the purpose of changing its registered office or registered agent, or both, in the State of Forda NATURE Factors and one of one management for the purpose of changing its registered agent, or both, in the State of Forda NATURE Factors and one of one management for the purpose of changing its registered agent, or both, in the State of Forda NATURE FILE NOW!!! FFE IS \$150.00 Make Check Payable to Department of State 10. Election Campeign Financing Trust Fund Control on a Added to Fees VINEZ, GISELA MINEZ, GISELA The MANEZ, GISELA The management of State of Process AND DIFECTORS Street Address (PD on one of the state of Process AND DIFECTORS 12. ADD/TIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 Et al. OPHOES State of Process AND DIFECTORS 114. The thade the state of the state of the state of the state				Countr	у 			Fee Re		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City			gistered Agent		Name	7. Name and A	dress of New Reg	istered Agent		
City FL Zip Code 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. Date AntURE Immediate removed registered agent	6325 WI	EST 12TH AVE	Street Addres		Street Address (ss (P.O. Box Number is Not Acceptable)				
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E INAME IET ADDRESS -ST-ZIP 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 signature shall have the same legal effect as if made under oath; that I am an officer or director 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 changed, or on an attachment with ag/address, with all other like empowered.	E FI ET ADDRESS 44 -ST-ZIP H E M E G G G G G G G G H H E E E T ADDRESS	/D Fernandez, Waldo 1410 W. 16th Ave. 11Aleah Fl 33012 MD Gonzalez, Delia 3325 W. 12 Avenue	Delete	TITLE NAME STREE CITY- TITLE NAME CITY- TITLE NAME STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP			Ct	nange	Addition
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