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   | 6. Election   | ate of Status Desired  |  | .00 May Be   |  |   |  |   |  |  |   |  |   |   |   |   |  |   |   |  |   |  |   |   | |
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   | 8. This co<br>Person  | rporation owes or has p<br>al Property Tax due Jun                       | aid the current years  |  |  |   |  |   |  |  |   |  |   |   |   |   |  |   |   |  |   |  |   |   | |
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|  | 9. Name and A<br>ILISH, THOMAS<br>24 LIVINGSTON             |  | Registered Agent   |   
   
  | 81 Name  
   |   | and Address of New R   |  |  |  |   |  |   |  |  |   |  |   |   |   |   |  |   |   |  |   |  |   |   | |
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| office or reg<br>agent. I am   | aistered agent, or  | · both, in the State o   | and 607, 1508, Florida<br>f Florida, Such change<br>ons of, Section 607,056  | Statutes, the ab<br>was authorized  
   
  | 34 City<br>ove-named co<br>by the corpor   
   | orporation submi<br>iration's board of                      | ts this statement for the<br>directors. I hereby acco                    | FL Durpose of chang  | ing its registered   |  |   |  |   |  |  |   |  |   |   |   |   |  |   |   |  |   |  |   |   | |
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  | 34 City<br>ove-named co<br>by the corportes.   
   | ination's board of  | directors. I hereby acco   | PL<br>purpose of chang<br>ept the appointmen   | ing its registered<br>ht as registered   |  |   |  |   |  |  |   |  |   |   |   |   |  |   |   |  |   |  |   |   | |
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  | 24 City<br>ove-named co<br>by the corpor<br>tes.<br>Agent signature re-  
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| office or regagent. I am           agent. I am           SNATURE           E           AE           EET ADDRESS           Y-ST-ZIP           E           ME           EET ADDRESS           Y-ST-ZIP           E           ME           EET ADDRESS           Y-ST-ZIP           E           AE           EET ADDRESS           Y-ST-ZIP           E   | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | f Florida, Such change<br>ons of, Section 607.05/<br>and the if inj Foatke<br>DIRF CTORS   | Statutos, the ab<br>was authorized<br>05, Florida Statu<br>(NOTE: Registered<br>13,<br>[E 1.1 TITA<br>1.2 NAN<br>1.3 STR<br>1.4 CIT<br>[E 2.1 TITA<br>2.2 NAN<br>2.3 STR<br>2.4 CIT<br>[E 3.1 TITA<br>3.2 NAN   
   
  | 34     City       ove-named or<br>by the corportes.       Agent signature re-<br>tes.       E       AE       E       AE       E       AE       E       AE       ADRESS       Y-S1-ZIP       E       AE   
   | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | PL purpose of changept the appointment<br>DATE<br>ICERS AND DIREC<br>CRS AND DIREC<br>Char<br>Char<br>Char<br>Char<br>Char<br>Char<br>Char<br>Cha  | ing its registered   |  |   |  |   |  |  |   |  |   |   |   |   |  |   |   |  |   |  |   |   | |
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| office or re<br>agent. I am<br>SNATURE 5<br>E<br>E<br>AE<br>EET ADDRESS<br>(-ST-ZIP<br>E<br>EET ADDRESS<br>(-ST-ZIP<br>E<br>EET ADDRESS<br>EET ADDRESS   | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | f Florida, Such change<br>ons of, Section 607.05/<br>and the if inj Foatke<br>DIRF CTORS   | Statutos, the ab<br>was authorized<br>05, Florida Statu<br>(NOTE: Registered<br>13.<br>[E 1.1 TIR<br>1.2 NAM<br>1.3 STR<br>1.4 CIT<br>(E 2.1 TIR<br>2.2 NAM<br>2.3 STR<br>2.4 CIT<br>3.3 STR<br>3.3 STR   
   
  | 34     City       3ve-named or<br>by the corportes.       Agent signature re-       E       ME       ET ADDRESS       Y-S1-ZIP       E       AE       EF1 ADDRESS       F1 ADDRESS       F1 ADDRESS  
   | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | PL purpose of changept the appointment<br>DATE<br>ICERS AND DIREC<br>CRS AND DIREC<br>Char<br>Char<br>Char<br>Char<br>Char<br>Char<br>Char<br>Cha  | ing its registered   |  |   |  |   |  |  |   |  |   |   |   |   |  |   |   |  |   |  |   |   | |
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| office or re<br>agent. I am<br>SNATURE 5<br>E<br>E<br>HE<br>EET ADDRESS<br>(-ST-ZIP<br>E<br>EET ADDRESS<br>(-ST-ZIP<br>E<br>EET ADDRESS<br>(-ST-ZIP  | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | f Florida, Such change<br>ons of, Section 607.05/<br>end lite if up teatle<br>DIRECTORS  | Statutos, the ab<br>was authorized<br>05, Florida Statu<br>(NOTE: Registered<br>13.<br>[E 1.1 TITA<br>1.2 NA<br>1.3 STR<br>1.4 CIT<br>[E 2.1 TITA<br>2.3 STR<br>2.4 CIT<br>[E 3.1 TITA<br>3.3 STR<br>3.3 CITA<br>3.4 CIT  
   
  | 34     City       Dave-named oc<br>by the corportes.       Agent signature re-<br>tes.       Agent signature re-<br>tes.       E       ME       E1 ADDRESS       Y-S1-ZIP       E       F1 ADDRESS       Y-S1-ZIP       E       F1 ADDRESS       Y-S1-ZIP  
   | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | PL purpose of changept the appointment<br>DATE<br>ICERS AND DIREC<br>CRS AND DIREC<br>Char<br>Char<br>Char<br>Char<br>Char<br>Char<br>Char<br>Cha  | ing ils registered   |  |   |  |   |  |  |   |  |   |   |   |   |  |   |   |  |   |  |   |   | |
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| office or regagent. I am           SNATURE           B           GE           AE           AE           AE           E           AE           EET ADDRESS           Y-ST-ZIP           E           E           E           E           E           E           E           E           E           E           E           E           E           E           E           E   | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | f Florida, Such change<br>ons of, Section 607.05/<br>and the if inj Foatke<br>DIRF CTORS   | Statutos, the ab<br>was authorized<br>05, Florida Statu<br>(NOTE: Registered<br>13.<br>[E 1.1 TITA<br>1.2 NA<br>1.3 STR<br>1.4 CIT<br>[E 2.1 TITA<br>2.3 STR<br>2.4 CIT<br>[E 3.1 TITA<br>3.3 STR<br>3.3 CITA<br>3.4 CIT  
   
  | 34     City       Dove-named or by the corportes.       Agent signature relevance       E       AE       ET ADDRESS       (-ST-ZIP)       E       AE       EET ADDRESS       Y-ST-ZIP       E       F       AE       EFT ADDRESS       Y-ST-ZIP       E       F       F       F       E       F       E       F       F  
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| office or regarent. I am           agent. I am           SNATURE           E           IE           EET ADDRESS           (-ST-ZIP)           E  | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | f Florida, Such change<br>ons of, Section 607.05/<br>end lite if up teatle<br>DIRECTORS  | Item         Item           INOTE         Registered           INOTE         Registered           INOTE         Registered           I.1         III.           I.2         NAM           1.3         STP           I.4         CIT           I.2         NAM           1.3         STP           I.4         CIT           I.5         STP           I.6         STP           I.7         STP           I.8         STP           I.9         STP           I.9         STP           I.1         STP <tr td=""> <tr td="">          I.1<td>34     City       Dove-named or by the corportes.       Agent signature relevance       E       AE       ET ADDRESS       (-ST-ZIP)       E       AE       EET ADDRESS       Y-ST-ZIP       E       F       AE       EFT ADDRESS       Y-ST-ZIP       E       F       F       F       E       F       E       F       F</td><td>In ation's board of<br/>inquired when reinstating<br/>ADDITIC</td><td>Mirectors. Thereby acco<br/>NS/CHANGES TO OFF</td><td>DATE<br/>DATE<br/>ICERS AND DIREC<br/>CRS AND DIREC<br/>Cha<br/>Cha<br/>Cha<br/>Cha</td><td>ing ils registered</td></tr><tr><td>office or reg<br/>agent. I am<br/>inature 5<br/>inature 5<br/>inature 5<br/>inature 6<br/>inature 6</td><td><b>giste</b>red agent, or<br/>n <b>familiar with, and</b></td><td>both, in the State o<br/>Faccopt the obligati<br/>mane of ingistered agent</td><td>f Florida, Such change<br/>ons of, Section 607.05/<br/>end lite if up teatle<br/>DIRECTORS</td><td>Statutos, the ab<br/>was authorized<br/>05, Florida Statu<br/>INOTE Registered<br/>13.<br/>TE 1.1 TITA<br/>1.2 NAN<br/>1.3 STH<br/>1.4 CIT<br/>E 2.1 TITA<br/>2.2 NAN<br/>2.3 STF<br/>2.4 CIT<br/>3.2 NAN<br/>3.3 STF<br/>3.4 CIT<br/>TE 4.1 TITA<br/>4.2 NA<br/>4.3 STF</td><td>B4     City       Dove-named or by the corportes.       Agent signature re-       E       AE       ET ADDRESS       (-S1-2IP)       E       AE       EET ADDRESS       Y-S1-2IP       E       F       AE       ET ADDRESS       Y-S1-2IP       E       ME       MF</td><td>In ation's board of<br/>inquired when reinstating<br/>ADDITIC</td><td>Mirectors. Thereby acco<br/>NS/CHANGES TO OFF</td><td>DATE<br/>DATE<br/>ICERS AND DIREC<br/>CRS AND DIREC<br/>Cha<br/>Cha<br/>Cha<br/>Cha</td><td>ing ils registered</td></tr><tr><td>office or reg<br/>agent. I am<br/>anATURE 5<br/>E<br/>E<br/>E<br/>E<br/>E<br/>E<br/>E<br/>E<br/>E<br/>E<br/>E<br/>E<br/>E<br/>E<br/>E<br/>E<br/>E<br/>E</td><td><b>giste</b>red agent, or<br/>n <b>familiar with, and</b></td><td>both, in the State o<br/>Faccopt the obligati<br/>mane of ingistered agent</td><td>f Florida, Such change<br/>ons of, Section 607.05/<br/>end lite if up teatle<br/>DIRECTORS</td><td>Statutos, the ab<br/>was authorized<br/>05, Florida Statu           INOTE-Registered           13.           IE         1.1 TIR           1.2 NAM           1.3 STP           1.4 CIT           2.2 NAM           2.3 STP           2.4 CIT           3.3 STP           3.4 CIT           3.4 CIT           IE         4.1 TITI           3.3 STP           3.4 CIT           4.4 CIT           4.3 STP</td><td>84     City       5ve-named oc     by the corportes.       Agent signature re-     E       AE     E       E     AE       E     AE       EET ADDRESS     F       AE     E       ET ADDRESS     Y-SI-ZIP       E     AE       ET ADDRESS     Y-SI-ZIP       E     MF       EEI ADDRESS     F-SI-ZIP</td><td>In ation's board of<br/>inquired when reinstating<br/>ADDITIC</td><td>Mirectors. Thereby acco<br/>NS/CHANGES TO OFF</td><td>DATE<br/>DATE<br/>ICERS AND DIREC<br/>CRS AND DIREC<br/>Cha<br/>Cha<br/>Cha<br/>Cha</td><td>ing its registered</td></tr><tr><td>office or regagent. I am           ayent. I am</td><td><b>giste</b>red agent, or<br/>n <b>familiar with, and</b></td><td>both, in the State o<br/>Faccopt the obligati<br/>mane of ingistered agent</td><td>F Florida, Such change<br/>ons of, Section 607.05/<br/>and file if tip Featle<br/>DIRE CTORS     DELE     DELE     DELE     DELE</td><td>Statutos, the ab<br/>was authorized<br/>05, Florida Statu           INOTE-Registered           13.           IE         1.1 TIR           1.2 NAM           1.3 STP           1.4 CIT           2.2 NAM           2.3 STP           2.4 CIT           3.3 STP           3.4 CIT           3.4 CIT           IE         4.1 TITI           3.3 STP           3.4 CIT           4.4 CIT           4.3 STP</td><td>B4     City       Dove-named oc<br/>by the corportes.       Agent signature re-<br/>tes.       E       AE       ET ADDRESS       Y-S1-ZIP       E       AE       EFT ADDRESS       Y-S1-ZIP       E       ME       EET ADDRESS       Y-S1-ZIP       E       ME       EET ADDRESS       Y-S1-ZIP       E       ME       EET ADDRESS       Y-S1-ZIP       E</td><td>In ation's board of<br/>inquired when reinstating<br/>ADDITIC</td><td>Mirectors. Thereby acco<br/>NS/CHANGES TO OFF</td><td>PL purpose of changept the appointment<br/>DATE<br/>ICERS AND DIREC<br/>Charter Charter<br/>Charter Charter<br/>Charter Charter Charter<br/>Charter Charter Ch</td><td>ing its registered</td></tr><tr><td>office or regagent. I am           agent. I am           SNATURE           BNATURE           BE           E           IE           EET ADDRESS           (-ST-ZIP)           E           KE           ET ADDRESS           (-ST-ZIP)           E           KE           AGE           ET ADDRESS           (-ST-ZIP)           E           KE</td><td><b>giste</b>red agent, or<br/>n <b>familiar with, and</b></td><td>both, in the State o<br/>Faccopt the obligati<br/>mane of ingistered agent</td><td>F Florida, Such change<br/>ons of, Section 607.05/<br/>and file if tip Featle<br/>DIRE CTORS     DELE     DELE     DELE     DELE</td><td>Item         Item           INOTE:         Registered           INOTE:         Registered           IS         1.1 TITL           1.2 NAN         1.3 STR           1.4 CIT         2.2 NAN           2.3 STR         2.4 CIT           12 NAN         3.3 STR           2.4 CIT         3.3 STR           3.3 STR         3.4 CIT           1.5 CR         3.1 TITL           2.1 TITL         2.2 NAN           2.3 STR         3.4 CIT           1.4 CIT         4.1 TITL           4.2 STR         3.3 STR           3.3 STR         3.4 CIT           1.5 STR         5.3 STR</td><td>B4     City       Dive-named oc<br/>by the corportes.       Agent signature re-<br/>tes.       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       EET ADDRESS       Y-S1-ZIP       E       AE       E1 ADDRESS       Y-S1-ZIP       E       ME       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)</td><td>In ation's board of<br/>inquired when reinstating<br/>ADDITIC</td><td>Mirectors. Thereby acco<br/>NS/CHANGES TO OFF</td><td>PL purpose of changept the appointment<br/>DATE<br/>ICERS AND DIREC<br/>Charter Charter<br/>Charter Charter<br/>Charter Charter Charter<br/>Charter Charter Ch</td><td>ing its registered</td></tr><tr><td>office or regagent. I am           SNATURE           E           AE           EET ADDRESS           (-ST-ZIP)           E           AE           EET ADDRESS           (-ST-ZIP)</td><td><b>giste</b>red agent, or<br/>n <b>familiar with, and</b></td><td>both, in the State o<br/>Faccopt the obligati<br/>mane of ingistered agent</td><td>F Florida, Such change<br/>ons of, Section 607.050<br/>and file if high Featle<br/>DIFFE CTORS DIFFE CTORS DELE DELE DELE DELE DELE DELE DELE</td><td>Statutos, the abwas authorized           INOTE         Registered           13,         1           12, NAM         1,3 STP           14, CIT         1,2 NAM           1,3 STP         1,4 CIT           2,2 NAM         2,3 STP           2,4 CIT         3,3 STP           3,4 CIT         4,4 CIT           14, 2 NA         4,3 STP           3,4 CIT         5,3 STP           14, 2 NA         4,3 STP           3,3 STP         5,4 CIT</td><td>B4     City       Dive-named oc<br/>by the corportes.       Agent signature re-<br/>tes.       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       EET ADDRESS       Y-S1-ZIP       E       MF       EET ADDRESS       (-S1-ZIP)       E       AE       EFT ADDRESS       Y-S1-ZIP       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)</td><td>In ation's board of<br/>inquired when reinstating<br/>ADDITIC</td><td>Mirectors. Thereby acco<br/>NS/CHANGES TO OFF</td><td>PL                                      </td><td>ing its registered</td></tr><tr><td>office or regagent. I am           SNATURE           SNATURE           JE           AE           EET ADDRESS           Y-ST-ZIP           LE           AE           LET ADDRESS           Y-ST-ZIP           LE           ME           LET ADDRESS           Y-ST-ZIP           LE           ME           LET ADDRESS           Y-ST-ZIP           LE           ME           LEET ADDRESS           Y-ST-ZIP           LE           ME           LET ADDRESS           Y-ST-ZIP           LE</td><td><b>giste</b>red agent, or<br/>n <b>familiar with, and</b></td><td>both, in the State o<br/>Faccopt the obligati<br/>mane of ingistered agent</td><td>F Florida, Such change<br/>ons of, Section 607.05/<br/>and file if tip Featle<br/>DIRE CTORS     DELE     DELE     DELE     DELE</td><td>Item         Item           INOTE: Registered         13.           INOTE: Registered         13.           IE         1.1 TITL           1.2 NAP         1.3 STR           1.4 CIT         2.2 NAP           2.3 STF         2.4 CIT           2.4 CIT         3.3 STF           3.3 STF         3.4 CIT           1.4 CIT         4.2 NAP           3.3 STF         3.4 CIT           1.4 CIT         5.1 TITL           1.5 STF         3.4 CIT           1.6 CIT         5.3 STF           5.3 STF         5.4 CIT           5.4 CIT         5.4 CIT</td><td>B4     City       Dive-named cc     by the corportes.       Agent signature re-     E       KE     F       KE     F       ADRESS     F       KE     F    KE</td><td>In ation's board of<br/>inquired when reinstating<br/>ADDITIC</td><td>Mirectors. Thereby acco<br/>NS/CHANGES TO OFF</td><td>PL purpose of changept the appointment<br/>DATE<br/>ICERS AND DIREC<br/>Charter Charter<br/>Charter Charter<br/>Charter Charter Charter<br/>Charter Charter Ch</td><td>ing its registered</td></tr><tr><td>Office or reg<br/>agent. I am<br/>GNATURE 5<br/></td><td><b>giste</b>red agent, or<br/>n <b>familiar with, and</b></td><td>both, in the State o<br/>Faccopt the obligati<br/>mane of ingistered agent</td><td>F Florida, Such change<br/>ons of, Section 607.050<br/>and file if high Featle<br/>DIFFE CTORS DIFFE CTORS DELE DELE DELE DELE DELE DELE DELE</td><td>Item         Item           INOTE: Registered         13.           INOTE: Registered         13.           IL         1.1 TITL           1.2 NAP         1.3 STR           1.4 CIT         2.2 NAP           2.3 STR         2.4 CIT           IE         3.1 TITL           2.2 NAP         2.3 STR           3.3 STR         3.3 STR           3.4 CIT         1.1 TITL           IE         3.1 TITL           3.3 STR         3.4 CIT           IE         4.1 TITL           5.2 NAP         5.3 STR           5.3 STR         5.4 CIT           FE         6.1 TITL           5.2 NAP         5.4 CIT</td><td>P4     City       Dve-named cc     by the corportes.       Agent signature re-     F       KE     F       ADRESS     F       F     KE       FEI ADDRESS     F       F     KE       EEI ADDRESS     F       F     KE       E     KE       E     ADRESS       F     KE       KE     KE       KE     KE       KE     KE</td><td>In ation's board of<br/>inquired when reinstating<br/>ADDITIC</td><td>Mirectors. Thereby acco<br/>NS/CHANGES TO OFF</td><td>PL                                      </td><td>ing its registered</td></tr><tr><td>office or reg<br/>agent. I am<br/>GNATURE</td><td><b>giste</b>red agent, or<br/>n <b>familiar with, and</b></td><td>both, in the State o<br/>Faccopt the obligati<br/>mane of ingistered agent</td><td>F Florida, Such change<br/>ons of, Section 607.050<br/>and file if high Featle<br/>DIFFE CTORS DIFFE CTORS DELE DELE DELE DELE DELE DELE DELE</td><td>Item         Item           INOTE: Registered         13.           INOTE: Registered         13.           IE         1.1 TITL           1.2 NAP         1.3 STR           1.4 CIT         2.2 NAP           2.3 STR         2.3 STR           2.4 CIT         3.3 STR           3.3 STR         3.4 CIT           1.4 CIT         3.2 NAP           2.3 STR         3.4 CIT           3.4 CIT         3.2 STR           3.4 CIT         5.2 NAP           5.2 STR         5.3 STR           5.3 STR         5.4 CIT           FE         6.1 TITL           5.2 NAP         5.3 STR           5.4 CIT         FE           6.3 STR         6.3 STR</td><td>B4     City       Dive-named cc     by the corportes.       Agent signature re-     E       KE     F       KE     F       ADRESS     F       KE     F    KE</td><td>In ation's board of<br/>inquired when reinstating<br/>ADDITIC</td><td>Mirectors. Thereby acco<br/>NS/CHANGES TO OFF</td><td>PL                                      </td><td>ing its registered<br/>t as registered<br/>CTORS IN 12<br/>Addition<br/>Inge Addition<br/>Inge Addition<br/>Inge Addition</td></tr></tr> | 34     City       Dove-named or by the corportes.       Agent signature relevance       E       AE       ET ADDRESS       (-ST-ZIP)       E       AE       EET ADDRESS       Y-ST-ZIP       E       F       AE       EFT ADDRESS       Y-ST-ZIP       E       F       F       F       E       F       E       F       F  | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | DATE<br>DATE<br>ICERS AND DIREC<br>CRS AND DIREC<br>Cha<br>Cha<br>Cha<br>Cha   | ing ils registered   | office or reg<br>agent. I am<br>inature 5<br>inature 5<br>inature 5<br>inature 6<br>inature 6 | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | f Florida, Such change<br>ons of, Section 607.05/<br>end lite if up teatle<br>DIRECTORS | Statutos, the ab<br>was authorized<br>05, Florida Statu<br>INOTE Registered<br>13.<br>TE 1.1 TITA<br>1.2 NAN<br>1.3 STH<br>1.4 CIT<br>E 2.1 TITA<br>2.2 NAN<br>2.3 STF<br>2.4 CIT<br>3.2 NAN<br>3.3 STF<br>3.4 CIT<br>TE 4.1 TITA<br>4.2 NA<br>4.3 STF | B4     City       Dove-named or by the corportes.       Agent signature re-       E       AE       ET ADDRESS       (-S1-2IP)       E       AE       EET ADDRESS       Y-S1-2IP       E       F       AE       ET ADDRESS       Y-S1-2IP       E       ME       MF | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | DATE<br>DATE<br>ICERS AND DIREC<br>CRS AND DIREC<br>Cha<br>Cha<br>Cha<br>Cha            | ing ils registered  | office or reg<br>agent. I am<br>anATURE 5<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E   | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | f Florida, Such change<br>ons of, Section 607.05/<br>end lite if up teatle<br>DIRECTORS | Statutos, the ab<br>was authorized<br>05, Florida Statu           INOTE-Registered           13.           IE         1.1 TIR           1.2 NAM           1.3 STP           1.4 CIT           2.2 NAM           2.3 STP           2.4 CIT           3.3 STP           3.4 CIT           3.4 CIT           IE         4.1 TITI           3.3 STP           3.4 CIT           4.4 CIT           4.3 STP | 84     City       5ve-named oc     by the corportes.       Agent signature re-     E       AE     E       E     AE       E     AE       EET ADDRESS     F       AE     E       ET ADDRESS     Y-SI-ZIP       E     AE       ET ADDRESS     Y-SI-ZIP       E     MF       EEI ADDRESS     F-SI-ZIP  | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | DATE<br>DATE<br>ICERS AND DIREC<br>CRS AND DIREC<br>Cha<br>Cha<br>Cha<br>Cha  | ing its registered  | office or regagent. I am           ayent. I am | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | F Florida, Such change<br>ons of, Section 607.05/<br>and file if tip Featle<br>DIRE CTORS     DELE     DELE     DELE     DELE  | Statutos, the ab<br>was authorized<br>05, Florida Statu           INOTE-Registered           13.           IE         1.1 TIR           1.2 NAM           1.3 STP           1.4 CIT           2.2 NAM           2.3 STP           2.4 CIT           3.3 STP           3.4 CIT           3.4 CIT           IE         4.1 TITI           3.3 STP           3.4 CIT           4.4 CIT           4.3 STP | B4     City       Dove-named oc<br>by the corportes.       Agent signature re-<br>tes.       E       AE       ET ADDRESS       Y-S1-ZIP       E       AE       EFT ADDRESS       Y-S1-ZIP       E       ME       EET ADDRESS       Y-S1-ZIP       E       ME       EET ADDRESS       Y-S1-ZIP       E       ME       EET ADDRESS       Y-S1-ZIP       E   | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | PL purpose of changept the appointment<br>DATE<br>ICERS AND DIREC<br>Charter Charter<br>Charter Charter<br>Charter Charter Charter<br>Charter Charter Ch | ing its registered   | office or regagent. I am           agent. I am           SNATURE           BNATURE           BE           E           IE           EET ADDRESS           (-ST-ZIP)           E           KE           ET ADDRESS           (-ST-ZIP)           E           KE           AGE           ET ADDRESS           (-ST-ZIP)           E           KE | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | F Florida, Such change<br>ons of, Section 607.05/<br>and file if tip Featle<br>DIRE CTORS     DELE     DELE     DELE     DELE  | Item         Item           INOTE:         Registered           INOTE:         Registered           IS         1.1 TITL           1.2 NAN         1.3 STR           1.4 CIT         2.2 NAN           2.3 STR         2.4 CIT           12 NAN         3.3 STR           2.4 CIT         3.3 STR           3.3 STR         3.4 CIT           1.5 CR         3.1 TITL           2.1 TITL         2.2 NAN           2.3 STR         3.4 CIT           1.4 CIT         4.1 TITL           4.2 STR         3.3 STR           3.3 STR         3.4 CIT           1.5 STR         5.3 STR | B4     City       Dive-named oc<br>by the corportes.       Agent signature re-<br>tes.       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       EET ADDRESS       Y-S1-ZIP       E       AE       E1 ADDRESS       Y-S1-ZIP       E       ME       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)  | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | PL purpose of changept the appointment<br>DATE<br>ICERS AND DIREC<br>Charter Charter<br>Charter Charter<br>Charter Charter Charter<br>Charter Charter Ch | ing its registered  | office or regagent. I am           SNATURE           E           AE           EET ADDRESS           (-ST-ZIP)           E           AE           EET ADDRESS           (-ST-ZIP) | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | F Florida, Such change<br>ons of, Section 607.050<br>and file if high Featle<br>DIFFE CTORS DIFFE CTORS DELE DELE DELE DELE DELE DELE DELE | Statutos, the abwas authorized           INOTE         Registered           13,         1           12, NAM         1,3 STP           14, CIT         1,2 NAM           1,3 STP         1,4 CIT           2,2 NAM         2,3 STP           2,4 CIT         3,3 STP           3,4 CIT         4,4 CIT           14, 2 NA         4,3 STP           3,4 CIT         5,3 STP           14, 2 NA         4,3 STP           3,3 STP         5,4 CIT | B4     City       Dive-named oc<br>by the corportes.       Agent signature re-<br>tes.       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       EET ADDRESS       Y-S1-ZIP       E       MF       EET ADDRESS       (-S1-ZIP)       E       AE       EFT ADDRESS       Y-S1-ZIP       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)  | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | PL  | ing its registered   | office or regagent. I am           SNATURE           SNATURE           JE           AE           EET ADDRESS           Y-ST-ZIP           LE           AE           LET ADDRESS           Y-ST-ZIP           LE           ME           LET ADDRESS           Y-ST-ZIP           LE           ME           LET ADDRESS           Y-ST-ZIP           LE           ME           LEET ADDRESS           Y-ST-ZIP           LE           ME           LET ADDRESS           Y-ST-ZIP           LE | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | F Florida, Such change<br>ons of, Section 607.05/<br>and file if tip Featle<br>DIRE CTORS     DELE     DELE     DELE     DELE  | Item         Item           INOTE: Registered         13.           INOTE: Registered         13.           IE         1.1 TITL           1.2 NAP         1.3 STR           1.4 CIT         2.2 NAP           2.3 STF         2.4 CIT           2.4 CIT         3.3 STF           3.3 STF         3.4 CIT           1.4 CIT         4.2 NAP           3.3 STF         3.4 CIT           1.4 CIT         5.1 TITL           1.5 STF         3.4 CIT           1.6 CIT         5.3 STF           5.3 STF         5.4 CIT           5.4 CIT         5.4 CIT | B4     City       Dive-named cc     by the corportes.       Agent signature re-     E       KE     F       KE     F       ADRESS     F       KE     F    KE | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | PL purpose of changept the appointment<br>DATE<br>ICERS AND DIREC<br>Charter Charter<br>Charter Charter<br>Charter Charter Charter<br>Charter Charter Ch | ing its registered   | Office or reg<br>agent. I am<br>GNATURE 5<br>  | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | F Florida, Such change<br>ons of, Section 607.050<br>and file if high Featle<br>DIFFE CTORS DIFFE CTORS DELE DELE DELE DELE DELE DELE DELE | Item         Item           INOTE: Registered         13.           INOTE: Registered         13.           IL         1.1 TITL           1.2 NAP         1.3 STR           1.4 CIT         2.2 NAP           2.3 STR         2.4 CIT           IE         3.1 TITL           2.2 NAP         2.3 STR           3.3 STR         3.3 STR           3.4 CIT         1.1 TITL           IE         3.1 TITL           3.3 STR         3.4 CIT           IE         4.1 TITL           5.2 NAP         5.3 STR           5.3 STR         5.4 CIT           FE         6.1 TITL           5.2 NAP         5.4 CIT | P4     City       Dve-named cc     by the corportes.       Agent signature re-     F       KE     F       ADRESS     F       F     KE       FEI ADDRESS     F       F     KE       EEI ADDRESS     F       F     KE       E     KE       E     ADRESS       F     KE       KE     KE       KE     KE       KE     KE | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | PL   | ing its registered   | office or reg<br>agent. I am<br>GNATURE   | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | F Florida, Such change<br>ons of, Section 607.050<br>and file if high Featle<br>DIFFE CTORS DIFFE CTORS DELE DELE DELE DELE DELE DELE DELE | Item         Item           INOTE: Registered         13.           INOTE: Registered         13.           IE         1.1 TITL           1.2 NAP         1.3 STR           1.4 CIT         2.2 NAP           2.3 STR         2.3 STR           2.4 CIT         3.3 STR           3.3 STR         3.4 CIT           1.4 CIT         3.2 NAP           2.3 STR         3.4 CIT           3.4 CIT         3.2 STR           3.4 CIT         5.2 NAP           5.2 STR         5.3 STR           5.3 STR         5.4 CIT           FE         6.1 TITL           5.2 NAP         5.3 STR           5.4 CIT         FE           6.3 STR         6.3 STR | B4     City       Dive-named cc     by the corportes.       Agent signature re-     E       KE     F       KE     F       ADRESS     F       KE     F    KE | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF | PL | ing its registered<br>t as registered<br>CTORS IN 12<br>Addition<br>Inge Addition<br>Inge Addition<br>Inge Addition |
| 34     City       Dove-named or by the corportes.       Agent signature relevance       E       AE       ET ADDRESS       (-ST-ZIP)       E       AE       EET ADDRESS       Y-ST-ZIP       E       F       AE       EFT ADDRESS       Y-ST-ZIP       E       F       F       F       E       F       E       F       F  | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | DATE<br>DATE<br>ICERS AND DIREC<br>CRS AND DIREC<br>Cha<br>Cha<br>Cha<br>Cha   | ing ils registered  
   
  | office or reg<br>agent. I am<br>inature 5<br>inature 5<br>inature 5<br>inature 6<br>inature 6 | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | f Florida, Such change<br>ons of, Section 607.05/<br>end lite if up teatle<br>DIRECTORS   
  | Statutos, the ab<br>was authorized<br>05, Florida Statu<br>INOTE Registered<br>13.<br>TE 1.1 TITA<br>1.2 NAN<br>1.3 STH<br>1.4 CIT<br>E 2.1 TITA<br>2.2 NAN<br>2.3 STF<br>2.4 CIT<br>3.2 NAN<br>3.3 STF<br>3.4 CIT<br>TE 4.1 TITA<br>4.2 NA<br>4.3 STF | B4     City       Dove-named or by the corportes.       Agent signature re-       E       AE       ET ADDRESS       (-S1-2IP)       E       AE       EET ADDRESS       Y-S1-2IP       E       F       AE       ET ADDRESS       Y-S1-2IP       E       ME       MF   | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | DATE<br>DATE<br>ICERS AND DIREC<br>CRS AND DIREC<br>Cha<br>Cha<br>Cha<br>Cha            | ing ils registered   | office or reg<br>agent. I am<br>anATURE 5<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E  | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | f Florida, Such change<br>ons of, Section 607.05/<br>end lite if up teatle<br>DIRECTORS | Statutos, the ab<br>was authorized<br>05, Florida Statu           INOTE-Registered           13.           IE         1.1 TIR           1.2 NAM           1.3 STP           1.4 CIT           2.2 NAM           2.3 STP           2.4 CIT           3.3 STP           3.4 CIT           3.4 CIT           IE         4.1 TITI           3.3 STP           3.4 CIT           4.4 CIT           4.3 STP | 84     City       5ve-named oc     by the corportes.       Agent signature re-     E       AE     E       E     AE       E     AE       EET ADDRESS     F       AE     E       ET ADDRESS     Y-SI-ZIP       E     AE       ET ADDRESS     Y-SI-ZIP       E     MF       EEI ADDRESS     F-SI-ZIP | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | DATE<br>DATE<br>ICERS AND DIREC<br>CRS AND DIREC<br>Cha<br>Cha<br>Cha<br>Cha            | ing its registered  | office or regagent. I am           ayent. I am | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | F Florida, Such change<br>ons of, Section 607.05/<br>and file if tip Featle<br>DIRE CTORS     DELE     DELE     DELE     DELE | Statutos, the ab<br>was authorized<br>05, Florida Statu           INOTE-Registered           13.           IE         1.1 TIR           1.2 NAM           1.3 STP           1.4 CIT           2.2 NAM           2.3 STP           2.4 CIT           3.3 STP           3.4 CIT           3.4 CIT           IE         4.1 TITI           3.3 STP           3.4 CIT           4.4 CIT           4.3 STP | B4     City       Dove-named oc<br>by the corportes.       Agent signature re-<br>tes.       E       AE       ET ADDRESS       Y-S1-ZIP       E       AE       EFT ADDRESS       Y-S1-ZIP       E       ME       EET ADDRESS       Y-S1-ZIP       E       ME       EET ADDRESS       Y-S1-ZIP       E       ME       EET ADDRESS       Y-S1-ZIP       E  | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | PL purpose of changept the appointment<br>DATE<br>ICERS AND DIREC<br>Charter Charter<br>Charter Charter<br>Charter Charter Charter<br>Charter Charter Ch | ing its registered  | office or regagent. I am           agent. I am           SNATURE           BNATURE           BE           E           IE           EET ADDRESS           (-ST-ZIP)           E           KE           ET ADDRESS           (-ST-ZIP)           E           KE           AGE           ET ADDRESS           (-ST-ZIP)           E           KE | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | F Florida, Such change<br>ons of, Section 607.05/<br>and file if tip Featle<br>DIRE CTORS     DELE     DELE     DELE     DELE   
  | Item         Item           INOTE:         Registered           INOTE:         Registered           IS         1.1 TITL           1.2 NAN         1.3 STR           1.4 CIT         2.2 NAN           2.3 STR         2.4 CIT           12 NAN         3.3 STR           2.4 CIT         3.3 STR           3.3 STR         3.4 CIT           1.5 CR         3.1 TITL           2.1 TITL         2.2 NAN           2.3 STR         3.4 CIT           1.4 CIT         4.1 TITL           4.2 STR         3.3 STR           3.3 STR         3.4 CIT           1.5 STR         5.3 STR | B4     City       Dive-named oc<br>by the corportes.       Agent signature re-<br>tes.       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       EET ADDRESS       Y-S1-ZIP       E       AE       E1 ADDRESS       Y-S1-ZIP       E       ME       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)   | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | PL purpose of changept the appointment<br>DATE<br>ICERS AND DIREC<br>Charter Charter<br>Charter Charter<br>Charter Charter Charter<br>Charter Charter Ch | ing its registered   | office or regagent. I am           SNATURE           E           AE           EET ADDRESS           (-ST-ZIP)           E           AE           EET ADDRESS           (-ST-ZIP) | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | F Florida, Such change<br>ons of, Section 607.050<br>and file if high Featle<br>DIFFE CTORS DIFFE CTORS DELE DELE DELE DELE DELE DELE DELE   | Statutos, the abwas authorized           INOTE         Registered           13,         1           12, NAM         1,3 STP           14, CIT         1,2 NAM           1,3 STP         1,4 CIT           2,2 NAM         2,3 STP           2,4 CIT         3,3 STP           3,4 CIT         4,4 CIT           14, 2 NA         4,3 STP           3,4 CIT         5,3 STP           14, 2 NA         4,3 STP           3,3 STP         5,4 CIT | B4     City       Dive-named oc<br>by the corportes.       Agent signature re-<br>tes.       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       EET ADDRESS       Y-S1-ZIP       E       MF       EET ADDRESS       (-S1-ZIP)       E       AE       EFT ADDRESS       Y-S1-ZIP       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)  | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | PL   | ing its registered  | office or regagent. I am           SNATURE           SNATURE           JE           AE           EET ADDRESS           Y-ST-ZIP           LE           AE           LET ADDRESS           Y-ST-ZIP           LE           ME           LET ADDRESS           Y-ST-ZIP           LE           ME           LET ADDRESS           Y-ST-ZIP           LE           ME           LEET ADDRESS           Y-ST-ZIP           LE           ME           LET ADDRESS           Y-ST-ZIP           LE | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | F Florida, Such change<br>ons of, Section 607.05/<br>and file if tip Featle<br>DIRE CTORS     DELE     DELE     DELE     DELE | Item         Item           INOTE: Registered         13.           INOTE: Registered         13.           IE         1.1 TITL           1.2 NAP         1.3 STR           1.4 CIT         2.2 NAP           2.3 STF         2.4 CIT           2.4 CIT         3.3 STF           3.3 STF         3.4 CIT           1.4 CIT         4.2 NAP           3.3 STF         3.4 CIT           1.4 CIT         5.1 TITL           1.5 STF         3.4 CIT           1.6 CIT         5.3 STF           5.3 STF         5.4 CIT           5.4 CIT         5.4 CIT | B4     City       Dive-named cc     by the corportes.       Agent signature re-     E       KE     F       KE     F       ADRESS     F       KE     F    KE  | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | PL purpose of changept the appointment<br>DATE<br>ICERS AND DIREC<br>Charter Charter<br>Charter Charter<br>Charter Charter Charter<br>Charter Charter Ch | ing its registered   | Office or reg<br>agent. I am<br>GNATURE 5<br>   | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in
the State o<br>Faccopt the obligati<br>mane of ingistered agent | F Florida, Such change<br>ons of, Section 607.050<br>and file if high Featle<br>DIFFE CTORS DIFFE CTORS DELE DELE DELE DELE DELE DELE DELE   | Item         Item           INOTE: Registered         13.           INOTE: Registered         13.           IL         1.1 TITL           1.2 NAP         1.3 STR           1.4 CIT         2.2 NAP           2.3 STR         2.4 CIT           IE         3.1 TITL           2.2 NAP         2.3 STR           3.3 STR         3.3 STR           3.4 CIT         1.1 TITL           IE         3.1 TITL           3.3 STR         3.4 CIT           IE         4.1 TITL           5.2 NAP         5.3 STR           5.3 STR         5.4 CIT           FE         6.1 TITL           5.2 NAP         5.4 CIT | P4     City       Dve-named cc     by the corportes.       Agent signature re-     F       KE     F       ADRESS     F       F     KE       FEI ADDRESS     F       F     KE       EEI ADDRESS     F       F     KE       E     KE       E     ADRESS       F     KE       KE     KE       KE     KE       KE     KE | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | PL   | ing its registered   | office or reg<br>agent. I am<br>GNATURE  | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | F Florida, Such change<br>ons of, Section 607.050<br>and file if high Featle<br>DIFFE CTORS DIFFE CTORS DELE DELE DELE DELE DELE DELE DELE | Item         Item           INOTE: Registered         13.           INOTE: Registered         13.           IE         1.1 TITL           1.2 NAP         1.3 STR           1.4 CIT         2.2 NAP           2.3 STR         2.3 STR           2.4 CIT         3.3 STR           3.3 STR         3.4 CIT           1.4 CIT         3.2 NAP           2.3 STR         3.4 CIT           3.4 CIT         3.2 STR           3.4 CIT         5.2 NAP           5.2 STR         5.3 STR           5.3 STR         5.4 CIT           FE         6.1 TITL           5.2 NAP         5.3 STR           5.4 CIT         FE           6.3 STR         6.3 STR | B4     City       Dive-named cc     by the corportes.       Agent signature re-     E       KE     F       KE     F       ADRESS     F       KE     F    KE | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | PL   | ing its registered<br>t as registered<br>CTORS IN 12<br>Addition<br>Inge Addition<br>Inge Addition<br>Inge Addition  |   |   |  |    |   |
| 34     City       Dove-named or by the corportes.       Agent signature relevance       E       AE       ET ADDRESS       (-ST-ZIP)       E       AE       EET ADDRESS       Y-ST-ZIP       E       F       AE       EFT ADDRESS       Y-ST-ZIP       E       F       F       F       E       F       E       F       F  | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | DATE<br>DATE<br>ICERS AND DIREC<br>CRS AND DIREC<br>Cha<br>Cha<br>Cha<br>Cha   | ing ils registered  
   
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| office or reg<br>agent. I am<br>inature 5<br>inature 5<br>inature 5<br>inature 6<br>inature 6 | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | f Florida, Such change<br>ons of, Section 607.05/<br>end lite if up teatle<br>DIRECTORS  | Statutos, the ab<br>was authorized<br>05, Florida Statu<br>INOTE Registered<br>13.<br>TE 1.1 TITA<br>1.2 NAN<br>1.3 STH<br>1.4 CIT<br>E 2.1 TITA<br>2.2 NAN<br>2.3 STF<br>2.4 CIT<br>3.2 NAN<br>3.3 STF<br>3.4 CIT<br>TE 4.1 TITA<br>4.2 NA<br>4.3 STF   
   
   | B4     City       Dove-named or by the corportes.       Agent signature re-       E       AE       ET ADDRESS       (-S1-2IP)       E       AE       EET ADDRESS       Y-S1-2IP       E       F       AE       ET ADDRESS       Y-S1-2IP       E       ME       MF   | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | DATE<br>DATE<br>ICERS AND DIREC<br>CRS AND DIREC<br>Cha<br>Cha<br>Cha<br>Cha  
  | ing ils registered   |  |   |  |   |  |  |   |  |   |   |   |   |  |   |   |  |   |  |   |   |  |   |  |   
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| office or reg<br>agent. I am<br>anATURE 5<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E  | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | f Florida, Such change<br>ons of, Section 607.05/<br>end lite if up teatle<br>DIRECTORS  | Statutos, the ab<br>was authorized<br>05, Florida Statu           INOTE-Registered           13.           IE         1.1 TIR           1.2 NAM           1.3 STP           1.4 CIT           2.2 NAM           2.3 STP           2.4 CIT           3.3 STP           3.4 CIT           3.4 CIT           IE         4.1 TITI           3.3 STP           3.4 CIT           4.4 CIT           4.3 STP   
   
  | 84     City       5ve-named oc     by the corportes.       Agent signature re-     E       AE     E       E     AE       E     AE       EET ADDRESS     F       AE     E       ET ADDRESS     Y-SI-ZIP       E     AE       ET ADDRESS     Y-SI-ZIP       E     MF       EEI ADDRESS     F-SI-ZIP  
   | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | DATE<br>DATE<br>ICERS AND DIREC<br>CRS AND DIREC<br>Cha<br>Cha<br>Cha<br>Cha   | ing its registered   |  |   |  |   |  |  |   |  |   |   |   |   |  |   |   |  |   |  |   |   | |
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| office or regagent. I am           ayent. I am   | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | F Florida, Such change<br>ons of, Section 607.05/<br>and file if tip Featle<br>DIRE CTORS     DELE     DELE     DELE     DELE              | Statutos, the ab<br>was authorized<br>05, Florida Statu           INOTE-Registered           13.           IE         1.1 TIR           1.2 NAM           1.3 STP           1.4 CIT           2.2 NAM           2.3 STP           2.4 CIT           3.3 STP           3.4 CIT           3.4 CIT           IE         4.1 TITI           3.3 STP           3.4 CIT           4.4 CIT           4.3 STP   
   
  | B4     City       Dove-named oc<br>by the corportes.       Agent signature re-<br>tes.       E       AE       ET ADDRESS       Y-S1-ZIP       E       AE       EFT ADDRESS       Y-S1-ZIP       E       ME       EET ADDRESS       Y-S1-ZIP       E       ME       EET ADDRESS       Y-S1-ZIP       E       ME       EET ADDRESS       Y-S1-ZIP       E  
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| office or regagent. I am           agent. I am           SNATURE           BNATURE           BE           E           IE           EET ADDRESS           (-ST-ZIP)           E           KE           ET ADDRESS           (-ST-ZIP)           E           KE           AGE           ET ADDRESS           (-ST-ZIP)           E           KE  | <b>giste</b> red agent, or<br>n <b>familiar with, and</b>   | both, in the State o<br>Faccopt the obligati<br>mane of ingistered agent | F Florida, Such change<br>ons of, Section 607.05/<br>and file if tip Featle<br>DIRE CTORS     DELE     DELE     DELE     DELE              | Item         Item           INOTE:         Registered           INOTE:         Registered           IS         1.1 TITL           1.2 NAN         1.3 STR           1.4 CIT         2.2 NAN           2.3 STR         2.4 CIT           12 NAN         3.3 STR           2.4 CIT         3.3 STR           3.3 STR         3.4 CIT           1.5 CR         3.1 TITL           2.1 TITL         2.2 NAN           2.3 STR         3.4 CIT           1.4 CIT         4.1 TITL           4.2 STR         3.3 STR           3.3 STR         3.4 CIT           1.5 STR         5.3 STR  
   
  | B4     City       Dive-named oc<br>by the corportes.       Agent signature re-<br>tes.       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       EET ADDRESS       Y-S1-ZIP       E       AE       E1 ADDRESS       Y-S1-ZIP       E       ME       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)  
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   | B4     City       Dive-named oc<br>by the corportes.       Agent signature re-<br>tes.       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       EET ADDRESS       Y-S1-ZIP       E       MF       EET ADDRESS       (-S1-ZIP)       E       AE       EFT ADDRESS       Y-S1-ZIP       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)       E       AE       E1 ADDRESS       (-S1-ZIP)   
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  | B4     City       Dive-named cc     by the corportes.       Agent signature re-     E       KE     F       KE     F       ADRESS     F       KE     F    KE  
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  | P4     City       Dve-named cc     by the corportes.       Agent signature re-     F       KE     F       ADRESS     F       F     KE       FEI ADDRESS     F       F     KE       EEI ADDRESS     F       F     KE       E     KE       E     ADRESS       F     KE       KE     KE       KE     KE       KE     KE   
   | In ation's board of<br>inquired when reinstating<br>ADDITIC | Mirectors. Thereby acco<br>NS/CHANGES TO OFF                             | PL   | ing its registered   |  |   |  |   |  |  |   |  |   |   |   |   |  |   |   |  |   |  |   |   |  
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  | B4     City       Dive-named cc     by the corportes.       Agent signature re-     E       KE     F       KE     F       ADRESS     F       KE     F    KE  
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"我们的过去时,我们有了这个时候的事件。""你们不是,你们不是,你们不是不是,你们就是我们的,我们就有一些?"