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31/2 Country 20/3 34 + 5 /list Country s. Centricate of Status Desired S8.75 A dation 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Reference GRUBBS, ROBERT W. IDS46 1581H STREET NORTH UPTTER, FL 33478 Street Address of New Registered Agent Name Reference 2. City FL Zip Code 3. The above named entity submits this statement for the purpose of changing its registered agent, or both, is the State of Florida. I am familier with, and the obligations of registered agent. IDCE Regress (POL Box Number is Not Acceptable) 3. City FLE Note of the purpose of changing its registered diget end the facilities IDCE Regress (POL Box Number is Not Acceptable) 3. City FLE Note of registered agent. IDCE Regress (POL Box Number is not Acceptable) 3. City FLE Note of registered agent. IDCE Regress (POL Box Number is Not Acceptable) 3. City State Address 50 OFFICERS AND DirectORS IDCE Regress (POL Box Number is Not Acceptable) 3. OFFICERS AND DirectORS 11. ADDITIONS/CHANGES TO OFFICERS AND DirectORS in The Street Address in Pole IDCE Regress (POL Box Number is Not Acceptable) 10. OFFICERS AND DirectORS 11. ADDITIONS/CHANGES TO OFFICERS AND DirectORS in Thes	City & State	e	City P. Class	E L	4. FEI Number	Applied For Not Applicabl	
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Thereby controls contained with the minimum and accurate and that my signature shall have the same legal effect as if made under out it hat is an anollicer or 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 10 or Blic changed, or on an attachment with an address, with all other like expowered. SIGNATURE: SIGNATURE: SIG	TLE AME TREET ADDRESS ITY - ST - ZIP TLE AME TREET ADDRESS ITY - ST - ZIP TLE AME TREET ADDRESS ITY - ST - ZIP TLE AME TREET ADDRESS		🗂 Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Change 🗌 Additio	