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B. The above	named entity	submits t	this statement for t	he purpose of changing	its registere	ed office or r	egistered ag	ent, or bo	th, in the State	of Floric	la.			1
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SIGNATURE	Signature, typed	or printed nan	ne of registered agent an	i title if applicable. (N	OTE: Registered	Agent signature	required when re	instating)		-	DATE			
9. This corpo	oration is eligi	ble to sati	sty its Intangible	FILE NO	WIII FEE	IS \$150.00)	10 Ele	ection Campa	ion Finan	cina	\$ E.	00 May Be	1
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