9. Name BUSINESS FILI 1186 OCEAN S SUITE 195 ORMOND BEAC 11. Pursuant to the provis office or registered ag agent. I am familiar wi SIGNATURE ISIGNATURE TITLE D NAME D GRIMES,	Country Country 25 and Address of Current NGS INCORPORATED HORE BLVD. CH FL 32176 ions of Sections 607.0502 ent, or both, in the State o th, and accept the obligativ or printed name of registered agent OFFICERS ANE	Mailing Addres 1717 NORTH B APT. 2033 MIAMI FL 3313 2a. Mailing Ad 26 Suite, Apt. 27 City & Sta 28 Zip 29 t Registered Agen 2 and 607.1508, Filo of Florida. Such cho tions of, Section 60 at and title if applicable.	Idress #, etc. tte orida Statute: ange was au 7.0505, Flori	Country 30 81 Name 82 Street Add 83 84 City s, the above-named cor thorized by the corporat da Statutes.	DO NOT 3. Date Incorporated or Qua 03/16/1998 4. FEI Number 6. Election Campaign Finance Trust Fund Contribution 8. This corporation owes the Personal Property Tax. 10. Name and Address of N tress (P.O. Box Number is Not Action poration submits this statement for tion's board of directors. I hereby a	WRITE IN THIS lifed	SPACE	pplied For t Applicable Additional equired May Be` to Fees Mo No Code
1717 NORTH BAYSHORE DF APT. 2033 WIAMI FL 33132 2. Principal Place of Busin 1 Suite, Apt. #, etc. 2. City & State 3 Zip 4 9. Name BUSINESS FILL 1186 OCEAN S SUITE 195 ORMOND BEAC 11. Pursuant to the provis office or registered ag agent. 1 am familiar will soffice or registered ag agent. 1 am familiar will SIGNATURE SIGNATURE DNAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS STREET ADORESS	Country 25 and Address of Current NGS INCORPORATED HORE BLVD. CH FL 32176 ions of Sections 607.0502 ent, or both, in the State o th, and accept the obligatil or printed name of registered agent OFFICERS ANE	1717 NORTH B APT. 2033 MIAMI FL 3313 2a. Mailing Ad 26 Suite, Apt. 27 City & Sta 28 Zip 29 t Registered Agen 20 t Registered Agen 21 City & Sta 29 t Registered Agen 20 t Registered Agen 20 21 22 23 24 25 26 27 28 29 50 607.1508, Filo 51 26 27 28 29 29 51 52 53 54 54 55 56 57 57 58 59 50 50 5	AYSHORE DR 2 idress #, etc. tte 1 orida Statute: ange was au 17.0505, Flori	Country 30 81 Name 82 Street Add 83 84 City s, the above-named cor thorized by the corporat da Statutes.	DO NOT 3. Date Incorporated or Qua 03/16/1998 4. FEI Number 6 Election Campaign Finand Trust Fund Contribution 8. This corporation owes the Personal Property Tax. 10. Name and Address of N dress (P.O. Box Number is Not Ac	WRITE IN THIS lifed	SPACE	pplied For t Applicable Additional equired May Be` to Fees Mo No Code
1 Suite, Apt. #, etc. 2 City & State 3 Zip 4 9. Name BUSINESS FILI 1186 OCEAN S SUITE 195 ORMOND BEAC 11. Pursuant to the provis office or registered ag agent. 1 am familiar with some some some some some some some some	Country 25 and Address of Current NGS INCORPORATED HORE BLVD. CH FL 32176 ions of Sections 607.0502 ent, or both, in the State o th, and accept the obligatil or printed name of registered agent OFFICERS ANE	26 Suite, Apt. 27 City & Sta 28 Zip 29 t Registered Agen t Registered Agen of Florida. Such child tions of, Section 60	#, etc. tte 11 orida Statute: ange was au 07.0505, Flori	30 81 Name 82 Street Add 83 84 City s, the above-named cor thorized by the corporat da Statutes.	 FEI Number	ed cing e current year Inf tew Registered ceptable) FL	No Second State Second Stat	t Applicable Additional equired May Be [*] to Fees No Code
Suite, Apt. #, etc. 2 City & State 3 Zip 4 9. Name BUSINESS FILI 1186 OCEAN S SUITE 195 ORMOND BEAC 11. Pursuant to the provis office or registered ag agent. 1 am familiar wi SIGNATURE SIGNATURE SIGNATURE TITLE NAME STREET ADDRESS CITY-ST-ZIP	25 and Address of Current NGS INCORPORATED HORE BLVD. CH FL 32176 ions of Sections 607.0502 ent, or both, in the State o th, and accept the obligation or printed name of registered agent OFFICERS AND	Suite, Apt. 27 City & Sta 28 Zip 29 t Registered Agen 2 and 607.1508, Fil of Florida. Such chailons of, Section 60 at and title if applicable.	nt orida Statute ange was au 77.0505, Flori	30 81 Name 82 Street Add 83 84 City s, the above-named cor thorized by the corporat da Statutes.	 Certifcate of Status Desire Certifcate of Status Desire Election Campaign Finance Trust Fund Contribution This corporation owes the Personal Property Tax. Name and Address of N 	ed cing e current year Inf tew Registered ceptable) FL	\$8.75 / Fee Re \$5.00 Added t tangible Yes Agent	Additional equired May Be' to Fees No Code
3 Zip Zip 4 9. Name BUSINESS FILL 1186 OCEAN S SUITE 195 ORMOND BEAC 11. Pursuant to the provis office or registered ag agent. I am familiar wi SIGNATURE SIGNATURE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	25 and Address of Current NGS INCORPORATED HORE BLVD. CH FL 32176 ions of Sections 607.0502 ent, or both, in the State o th, and accept the obligation or printed name of registered agent OFFICERS AND	28 Zip 29 t Registered Agen t Registered Agen f Rorida. Such cha tions of, Section 60 tt and title if applicable.	orida Statute ange was au 17.0505, Flori	30 81 Name 82 Street Add 83 84 City s, the above-named cor thorized by the corporat da Statutes.	Trust Fund Contribution 8. This corporation owes the Personal Property Tax. 10. Name and Address of N tress (P.O. Box Number is Not Ac	e current year Inf lew Registered ceptable)	Added t tangible Yes Agent 85 Zip (changing its	to Fees
	25 and Address of Current NGS INCORPORATED HORE BLVD. CH FL 32176 ions of Sections 607.0502 ent, or both, in the State o th, and accept the obligation or printed name of registered agent OFFICERS AND	29 t Registered Agen 2 and 607.1508, Fil of Florida. Such ch- tions of, Section 60 tt and title if applicable.	orida Statute: ange was au 17.0505, Flori	30 81 Name 82 Street Add 83 84 City s, the above-named cor thorized by the corporat da Statutes.	Personal Property Tax. 10. Name and Address of N tress (P.O. Box Number is Not Ac	lew Registered ceptable) FL	B5 Zip 0	Code
1186 OCEAN S SUITE 195 ORMOND BEAC 11. Pursuant to the provis office or registered ag agent. I am familiar with SIGNATURE SIGNATURE SIGNATURE TITLE VAME STREET ADDRESS CITY-ST-ZIP MILE VAME STREET ADDRESS CITY-ST-ZIP MILE VAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS	HORE BLVD. CH FL 32176 ions of Sections 607.0502 ent, or both, in the State o th, and accept the obligation or printed name of registered agent OFFICERS AND	2 and 607.1508, Fil of Florida. Such ch tions of, Section 60 at and title if applicable.	ange was au)7.0505, Flori	82 Street Add 83 84 City s, the above-named cor thorized by the corporat da Statutes.	noration submits this statement fo	FL	changing its	registered
12. TILE D GRIMES, TREET ADORESS 1717 NO MIAMI FL ITLE I ITLE I	OFFICERS AND		(NOTÉ: I	Linguistance Anapt -in-states				
ITLE D GRIMES, TREET ADORESS 1717 NO ITTY-ST-ZIP MIAMI FL ITTLE ITT				Registered Agent signature requir	ADDITIONS/CHANGES TO			ORS IN 12
MIAMI FL MIAMI FL MAME STREET ADDRESS CITY-ST-ZIP MITLE VAME STREET ADDRESS	DAVID] DELETE	1.1 TITLE 1.2 NAME	, . , .		Change	Additio
ITLE IAME STREET ADDRESS STY-ST-ZIP ITLE IAME STREET ADDRESS	rth Bayshore Drive . 33132	e, apt. 2033		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
ITLE ADDRESS	:] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS			Change	Additio
	····	Ţ.		2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		-71 - 7-2	Change	Additi
ITLE] DELETE	3.3 STREET ADDRESS 3.4. CITY- ST- ZIP 4.1 TITLE			Change	Additi
AME TREET ADDRESS				4. 2 NAME 4.3 STREET ADDRESS				
ITY-ST-ZIP ITLE AME TREET ADORESS] DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS			Change	Additi
ITY-ST-ZIP	· · ·] DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS			Change	🗌 Additi
חוד די עדוי	e information supplied with	th this filing does no	ot qualify for	6.4 CITY-ST-ZIP the exemption stated in	Section 119.07(3)(i), Florida Statu re shall have the same legal effec uired by Chapter 607, Florida Stat	utes. I further ce	rtify that the i	information