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Name     Name       COOK, CHARLES R T21 US HIGHWAY NW     Street Address (20: Box Numper is well Acceptable)       SUTE 205       NORTH PALM BEACH FL 33408       The above named antity submits this statement for the purpose of changing its registrated agent, or both, in the State of Porida. I am familiar with, and accept the chargestore diget.       ICMATURE Spatial type of proteined agent also Check Physiols to Florida Department of State       ICMATURE Spatial type of proteined agent also Check Physiols to Florida Department of State       ICMATURE Spatial type of proteined agent not its (attribute also Check Physiols to Florida Department of State       ICMATURE Spatial type of proteine adepartment of state also Check Physiols to Florida Department of State       ICMATURE Spatial type of proteine adepartment of state also Check Physiols to Florida Department of Addition antret ab	<u> 33410</u>	USH Zu				← Certificate of Status Desire		
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SUITE 205 NORTH PALM BEACH FL 33408       Suite 301         City Jam Boadt Gardurs       FL       ZingCode 3340         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Stato of Florida. Lan familiar with, and accept the obligation of registered agent.       ONE         IGNATURE Sumark type2 of birlid Department for the purpose of changing its registered agent, or both, in the Stato of Florida. Lan familiar with, and accept the obligation of registered agent.       ONE         IGNATURE Sumark type2 of birlid Department of State       (NOTE Proposed Agent source registered agent, or both, in the Stato of Florida. Jan familiar with, and accept the obligation of the control of State       ONE         Accept Hall Department of State       (NOTE Proposed Agent source registered agent, or both, in the Stato of Florida. Jan familiar with, and accept the obligation of State       ONE         Accept Hall Department of State       International Control of State of Department of State       International Control of State of Department of State         Accept Hall Department of State       International Control of Department of State of Department of State of Department of State of Department of State of Proper inty Firms & Ld State State State State of Control of Department of State o	-				ddress (P.O.	Box Numper is Not Accepta	able)	
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Spreadm. typed printer and if a predicated agent and life if repletated     (NOTE: Replatened Agent anguadate reculted when informations)     DATE       FILE NOW!!! FEE IS \$150.00 After Mays 1, 2003 Fee will blo \$550.00 faske Check Physiole to Florida Department of State     9. Election Campeign Financing Trust Fund Contribution     \$5.00 May Be Added to Fees Added to Fees       0.     OFFICERS AND DIFECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11     Image Provide the Physiole to Florida Department of State     Part angular to the Physician Application of the Physician Application of the Physician Application of the Contribution     Addition       ME     D     O/FICERS AND DIFECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11     Part angular to the Physician Application of the Physician Ap	the obligat	ions of registered agent.						
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