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4610 CENTRAL AVE: TAMPA FL 33603 Bit Street Address (P.O. Box Number is Not Acceptable) 83 84 City EL 85 84 City EL 85 2/0 Code 84 City EL 0 Code 0/0 corporation submits this statement for the purpose of changing its register agent of directors. I hereby accept the appointment as register agent of directors. I hereby accept the appointment as register agent of directors. I hereby accept the appointment as register agent of directors. I hereby accept the appointment as register agent of directors. I hereby accept the appointment as register agent of directors. I hereby accept the appointment as register agent of directors. I hereby accept the appointment as register agent of directors. I hereby accept the appointment as register agent of directors. I hereby accept the appointment as register agent of directors. I hereby accept the appointment as register agent of directors. I hereby accept the appointment as register agent of directors. I hereby accept the appointment as register agent of directors. I hereby accept the appointment as register agent of directors. I hereby accept the appointment as register accept set and accep		9. Name and Address	of Current Regis	stered Agent .	81	Name	10. Name and Address of New	Registered /	Agent	
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4. Leven by certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i).	agent. 1 a IGNATURE 2. LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME	M familiar with, and accept to Signature, typed or printed name of re OFFII D MORRIS, BETH A 5203 NORTH 15TH ST TAMPA FL 33610 D HENRY, JUDITH A 5203 NORTH 15TH ST	the obligations of		Addition Addition 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.4 CITY- 6.1 TITLE 6.3 STREE 6.3 STREE 6.3 STREE 6.3 STREE	S. ent signature requir et address ST-ZIP ET Address ST-ZIP	red when reinstating)	purpose of pt the appoir	D DIREC Chang	FORS IN 12 e Additio e Additio e Additio e Additio e Additio
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am officer or director 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	agent. 1 a IGNATURE 2. IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME	m familiar with, and accept the signature, typed or printed name of read of the signature, typed or printed name of the OFFIL D OFFIL	In obligations of registered agent and the CERS AND DIRE	, Section 607.0505, Flori if applicable. (NOTE: I CTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	da Statute: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 5.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY 6.4 CITY 6.4 CITY 6.4 CITY	S. ant signature requir ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO O	purpose of pt the appoint OATE FICERS AN	D DIREC Change Change Change Change Change Change	FORS IN 12 e Additio e Additio

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