The above named entity submitts this statement for the purpose of changing its registered Agent Signature, typed or present uses of explaints agent and the state of the s	2001 DOCUN 1. Entity Name FIGHTER I	RT ((UBF	 ·	FILED Apr 25, 2001 08:00 AM Secretary of State						
Suite, Apt. 4, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc. City & State Ci	407 LINCOLN 6 SUITE 8-R MIAMI BEACH	ROAD	407 LINCOLN ROAD SUITE 8-R MIAMI BEACH		FL				,		
City & State Country Country Zip Country Zip Country Zip Country Zip Country Size Country	2. Principal Pla	ace of Business	3. Mailing Address							-	
Country Coun	Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT V	WRITE IN THIS	S SPACE	–	
Country	City & State)	City & State	City & State			1.144.444.4				
S. Name and Address of Current Registered Agent	Zip Country		Zip	ip Countr				ed 🗌	\$8.75 Add	itional	-
Sirest Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curre	nt Registered Agent	_	·	7.	Name and Address of Ne	w Registered		<u></u>	4
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Signature Signature, speed represed name of registered agent and title if applicable. Signature, speed or presed name of registered agent and title if applicable. Signature, speed or presed name of registered agent and title if applicable. Signature, speed or presed name of registered agent and title if applicable. Signature, speed or presed name of registered agent and title if applicable. Signature, speed or presed name of registered agent and other required when relocations) OATE OA/25/2001 OA/25/2001	407 LINCOL SUITE 8-R	.N ROAD	FL			idress (P.O. E	Box Number is Not Accept	able)			- :-
SIGNATURE Signature, typed or princed name of registered agent and tile if applicable. (NOTE. Registered Agent signature required when reinstating): DATE	·- ·				<u> </u>				L Zip Cod	e	_
9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. No Percentage of the properties of	8. The above i	named entity submits_this statement	for the purpose of changing its	registered	d office or	registered ac	gent, or both, in the State o	f Florida.			
Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State	SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered	Agent signatur	re required when r	reinstating)		5/2001	<u> </u>	
TITLE	Tax filing re	equirement and elects to do so.	After MAY 1, 200	01 Fee v	vill be \$5	50.00			\$5.0 Added	0 May Be to Fees	
NAME	11.	OFFICERS AN	ID DIRECTORS	12.		ΑŒ	DDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	S IN 11	1
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NAME CAZZOLA PAOLO STREET ADDRESS VIA CA UILLE D CITY-ST-ZIP NAME CAZZOLA PAOLO STREET ADDRESS VIA CA DI COZZI 41 CITY-ST-ZIP NAME CASAGRANDE GIUSEPPE NAME CASAGRANDE GIUSEPPE NAME CASAGRANDE GIUSEPPE STREET ADDRESS VIA CA DI COZZI 41 CITY-ST-ZIP VERONA 37124 ITALY CITY-ST-ZIP VERONA 37124 ITALY CITY-ST-ZIP VERONA 37124 ITALY CITY-ST-ZIP VERONA 37124 ITALY	NAME STREET ADDRESS	GALLO FRANCO VIA CA	☐ Delete	NAME STREE		GALLO VIA CA DI		IT	_ •	☐ Addition	-
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directly 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 11 or Bloc changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Casagrande giuseppe P 04/25/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dat	of the corp changed, o	or all a legal or or supplier later legal operation or the receiver or trustee error or on an attachment with an address URE:	ris the and according and that movement to execute this report s, with all other like empowered.	as require	ire shall ha ed by Chap	oter 607, Flor	legal effect as it made und ida Statutes; and that my r				

Daytime Phone #