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Main   Address   Main   Address   Same		The Cellsite,	Inc.						-		
Suite 107 Clearwater, FL 33763  ### Applies of Business  Suite Apt. 4, cir.  Suite Apt. 4, cir.  Suite Apt. 4, cir.  Suite Apt. 4, cir.  City & State  City	rincipal Place	of Business	Mailing Address	_				03-04-200	0 90005 02	9 ***15	0.00
Clearwater, FL 33763  Proceed Place of Business  Sales Apt 4 etc.  Soles Apt 4 etc.  City & State  C			same								
Sule. Act. 6, etc.  Suite, Apt. 8, etc.  City & State  City & State  City & State  Country  Country								вис	175671		
Suite, Apt. 4, etc.  City & State  City & St	Clearwater, FL 33703							800	17007I		
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The above named entity submits this statement for the purpose of changing its registered differs of states. It is the State of Piccard Agent.  The above named entity submits this statement for the purpose of changing its registered office or registered agent. Or both, in the State of Piccard Agent.  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Piccard Agent.  This corporation is eligible to stately its intemptible.  The corporation is eligible to stately	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
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Name   John P. Olejnik   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)   26133 US Hwy 19 N. Suite 107		6 Name and Address of Curr	ant Pagistared Agent		T				Fee		i 
Street Address (PO. Box Number is Not Acceptable)   26133 US Hwy 19 N. Suite 107   33763   3763	Ioganh		· ·		Name				egistered Age		
Clearwater   FL   33763   Clearwater   FL   270 Code   Added to   120 Code   Code									:)		
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.    Clearwater	Suite	107			1						
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.    Clear Water   Clear Water   Clear Water   Clear   Cl	Clearw	ater, FL 33763			City					Zin Code	
GNATURE			119-2		1 1	<del>learw</del>	ater		<u> </u>		
Delete   P   Joseph Sinero Jr.   3964 Mullen Hurst Dr.   SIREF ADDRESS   26133 US Hwy 19 N., Suite 107   Clearwater, FL 33763   Change   MAME   SIREF ADDRESS   CITY-ST-ZIP   Clearwater, FL 33763   Change   Change   MAME   SIREF ADDRESS   CITY-ST-ZIP   Change	Tax filing re (See criteri	equirement and elects to do so. (a on back)	After MAY 1, 2 Make Check Paya	000 Fee ble to D	will be \$5	550.00	Trust	Fund Contribution	n.	Added	to Fees
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ME REET ADDRESS TY-ST-ZIP  3. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with the information supplied	- 1										
REET ADDRESS TY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  CITY-ST-ZIP  Thereby 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 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 described in the control of the co	rle ·	A	Delete		, ,, ,,					] Change	☐ Addition
TY-ST-ZIP  CITY-ST-ZIP  CITY-ST	1			1	_				·		
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer of 0	1		••								
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 Block 12 or Block 12 or Block 13 or Block 14 or Block 14 or Block 15 or Block 16 or Block 17 or Block 16	indicated of the corp	on this report or supplemental repo poration or the receiver or trustee e	ort is true and accurate and that mpowered to execute this repor	my signa t as requi	ture shall h red by Cha	ave the sar apter 607, F	me legal effect : Torida Statutes;	as if made under of and that my name	e appears in Bl	an officer of lock 11 or l	or airector Block 12 if