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Here POLLARD, NONALD E 22 street ADDRESS 1. Portsuant to the provisions of Scittoms 607 0502 and 607.1508, Florids Status, the above-named corporation submits this statement for the purpose if changing its registered agent, an above, named corporation's board of cirectors. I hereby accept the appointment as registered agent, and accept the obligations of Scittoms 607.050, 51,4104 Statutes. INSTATURE Signature, typed or ponetries a unproduct gave in diffull appointment (interpretation) DATE 2 OFFICERS ANE_DIRECTORS 13. ADDITIK INSICHANGES TO OFFICERS / ND DIRECTOFS IN 12. 2 OFFICERS ANE_DIRECTORS 13. ADDITIK INSICHANGES TO OFFICERS / ND DIRECTOFS IN 12. 2 OFFICERS ANE_DIRECTORS 13. ADDITIK INSICHANGES TO OFFICERS / ND DIRECTOFS IN 12. 2 OFFICERS ANE_DIRECTORS 13. ADDITIK INSICHANGES TO OFFICERS / ND DIRECTOFS IN 12. 2 TAMPA FL 33605 12. 12. Change Addition 4502 EAST 10TH AVENUE 13.5TREET ADDRESS 12. Change Addition 451 TAMPA FL 33605 11. 2.3TREET ADDRESS 12. Change Addition 452 TAMPA FL 33605 12. 11. 2.3TREET ADDRESS 12. <t< td=""><td> + -</td><td></td><td></td><td></td><td></td><td>82</td><td>Street Acd</td><td>ress (P.O. Box Nu</td><td>mber is Not Acce</td><td>ptable)</td><td></td><td></td></t<>	+ -					82	Street Acd	ress (P.O. Box Nu	mber is Not Acce	ptable)		
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indicated on this annual report of supplemental a shual report is true and accurate and that my signature shall have the same legal effect as in made titler out, that rain an officer or director of the corporation or the receiver or trustee empowered to e eccute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attach rent with an address, with all other like empowered.	agent. a IGNATURE	PD POLLARD, DONNA 4302 EAST 10TH A TAMPA FL 33605 VD POLLARD, RONALD 4302 EAST 10TH A TAMPA FL 33605 SD LABRAM, NANCY J 4302 EAST 10TH A TAMPA FL 33605 TD LABRAM, DENNIS 4302 EAST 10TH A TAMPA FL 33605	Pept the colligation of registered agent J VENUE D E VENUE J VENUE J VENUE	bir film does n		s, the above thorized by f da Statutes. Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE 6.3 STREET 6.4 CITY-ST 6.4 CITY-ST 7.5 CITY-ST	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ed when reinstating)ADDITIC INS	/CHANGES TO	DATE DATE DEFICERS /	stify that the	r ->gistered gistered DF S IN 12 Addition Addition

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