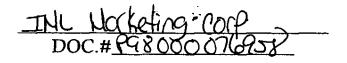
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2. Principal F	Ptace of Busin	953	3. Mailing Address			word, reomby	
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City & State			City & State		4. FEI Number Applied For Not Applicable		
Zip		Country	Zip	Country	5. Certificate of Status Desired	S8.75 Additions	
		and Address of Current I		Name	7. Name and Address of New	Registered Agent	
1	e(19	coral we	Herprises	Street Addre	iss (P.O. Box Number is Not Acceptable	io)	
Ũ	Sami	, PL 33	3155				
				City		FL Zip Code	
8. The above	named entig	submits this statement for	the purpose of changing its	s registered office or reg	istered agent, or both, in the State of F	lorida.	
SIGNATURE .	1.0	uar ().	Uz-		·		
	Signaple Apped	or publish name of registered agent a	A THE STREET WATER STREET	E Registered Agent signature rec		ONTE	
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TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECIEVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

PRESIDENT