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 Principal Place	e of Business	Mailing Address	·- <u></u>		SECRETARY	(OF STATE EE, FLORIDA	
USSS TARA DR		-10433 TARA DRIVE		166	IALLARIASSI	EE, FLUHIDA	
FL	33569 33569	-RIVERVIEW FL 33569 9833					
2 Principal P	Place of Business	3. Mailing Address					
2. Principal Place of Business 549 ELMCREST PLACE		P.O. Box 4	P.O. BOX 426		 	O(1)@\$1 @@11> 10000 1\$140 0	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE I	N THIS SPACE	
City & State		City & State DE BARY FL		4. FEL Number	50292	1 ← → − ·	oplied For ot Applicable
32713	Country	32713-0426	Country	5. Certificate of		S8.75 Ad Fee Require	
<u> </u>	6. Name and Address of Curr			7. Name and Ac	dress of New Regi	istered Agent	
SPIF	GEL & UTRERA, P.A.			Name			
343 /	ALMERIA AVENUE		Street Ad		Not Acceptable)		
COR	AL GABLES FL 33134					_ Zin Coo	
	A submit this statement	nt for the number of shanning its	City	gistored agent or both	n the State of Florid	FL Zip Coc	
8. The above	enamer(en ity submits this stateme	ent for the purpose of changing its		gistered agent, or both, i	n the State of Florid		
8. The above			s registered office or re		n the State of Florid		
SIGNATURE .	Signature, typed of pr ec name of registered a	agent and title if applicable. (NO1	s registered office or re	required when reinstating)		a. DATE	
SIGNATURE . 9. This corporate flat filing r	Signature, typed or pr ec name of registered of praction is eligible to satisfy its Intangrequirement and elects to do so.	agent and title if applicable. (NO1 gible FILE NOW After MAY 1, 20	s registered office or re TE: Registered Agent signature TI!! FEE IS \$150.00 000 Fee will be \$55	equired when reinstating) 10. Election Trust	n the State of Floridi on Campaign Finan Fund Contribution.	DATE	00 May Be
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #