	HATE WATERS	orts . Th	S Aug 08, 200 Secretary (06-22-2001 90068 0		
rincipal Place of Business 4525 MIMMI Berte	Mailing Address MIMS And Ch F2 73/4	, . O			
Principal Place of Business	3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN TH	IIS SPACE	
City & State	City & State		4. FEI Number	Applied For Not Applicable]
Zin 33/10 Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of	Current Begistered Agent		7. Name and Address of New Registere	d Agent	1
Proden Uince	Di	Name			
4833 GM	ins Aur		\$ (P.O. Box Number is Not Acceptable)] .
11/11/11/ 1301	Ach FL 331	City	F	Zip Code	
The above named entity submits this state	ement for the purpose of changing it	Is registered office or regis	ered agent, or both, in the State of Florida.		
GNATURE	ered egent and little if applicable, [NO	DTE: Registered Agent signature requ	rod when reinstating) DAT		
<i>U</i>					
This corporation is eligible to satisfy its In Tax filing requirement and elects to do so (See criteria on back)	After MAY-1, 2	/II FEE IS \$150.00 001.Fee.will be \$550.0 be to Department of S	tate	\$5.00 May Be Added to Fees	
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