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JACKSONVILLE FL 32209  JACKSONVILLE FL 32209-6533  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  B. Name and Address of Current Registered Agent  ROWE AND ROWE. P.A.  9471 BAYMEADOWS RD, STE 203  JACKSONVILLE FL 32256  City  The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  S	pplicable
JACKSONVILLE FL 32209  JACKSONVILLE FL 32209-6533  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  B. Name and Address of Current Registered Agent  ROWE AND ROWE. P.A.  9471 BAYMEADOWS RD, STE 203  JACKSONVILLE FL 32256  City  The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  S	pplicable
2. Principal Place of Business 3. Malking Address 5. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE  City & State City State Ci	pplicable
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  \$8.75 Addition Fee Required  7. Name and Address of New Registered Agent  Name  ROWE AND ROWE, P.A.  9471 BAYMEADOWS RD, STE-203  JACKSONVILLE FL 32258  City  FL  Zip Code  8. 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.  SIGNATURE  Signature, typied or printed name of registered sports and taken applicable.  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will be \$550.00  Added to Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. Change  Change  Change  Change  Change  Change  Change  ARTISONIS, JOHN P  STREET ADDRESS  STREET ADDRESS	pplicable
City & State  Country  Zip  Country  5. Certificate of Status Desired  \$6.75 Addition Fee Required  6. Name and Address of Current Registered Agent  Name  ROWE AND ROWE, P.A.  9471 BAYMEADOWS RD, STE 203  JACKSONVILLE FL 32256  City  FL  Zip Code  8. 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.  SIGNATURE  Signature  Signature required after a special required after the purpose of changing its registered Agent agrature required after reflections)  PATE  Signature required after the state of Florida.  FLE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITLE  NAME  SITURE  NAME  SITURE  NAME  SITURE  NAME  SITURE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITLE  NAME  Change  Chang	pplicable
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Eigh Country	onal
ROWE AND ROWE, P.A. 9471 BAYMEADOWS RD, STE-203  JACKSONVILLE FL 32256  City  FL  Zip Code  8. 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.  SIGNATURE  Signature, typed or printed name of registered agent, and tide if explicable.  (HXTE: Registered Agent signature required when relentations)  OATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  Make Check Payable to Department of State  TITLE  NAME STREET ADORESS  CITY-ST-ZIP  TITLE  TITLE  NAME STREET ADDRESS	
Street Address (P.O. Box Number is Not Acceptable)  JACKSONVILLE FL 32256  City  FL  Zip Code  8. 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.  SIGNATURE  Signature, typed or printed name of segretared spent and title if explicable.  INDITE Projectored Agent signature required where reference()  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  ITILE  NAME  SIREET ADDRESS  SBO WEST 8TH ST, STE 7017  JACKSONVILLE FL 32209  CHARGE  O Delete  TITLE  NAME  STREET ADDRESS	
JACKSONVILLE FL 32256  City FL Zip Code  8. 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.  SIGNATURE  Signature, typed or printed name of segretared agent and title if explicable. (INDITE Registered Agent agritude when reductions)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ITLE NAME  STREET ADDRESS  580 WEST 8TH ST, STE 7017  TITLE  D Change  Change  City FL Zip Code  In the State of Florida.  10. Election Campaign Financing Trust Fund Contribution.  Added to Make Check Payable to Department of State  TITLE  D Change  Chang	
### STREET ADDRESS    City   FL   Zip Code	
8. 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.  SIGNATURE  Signature. typed or printed name of registered agent, and title if explicable.  1. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so.  (See criteria on back)  1. OFFICERS AND DIRECTORS  1. Abded to SMITH, EDWARD W.P.  SIRRET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32209  TILLE  NAME  STREET ADDRESS	
SIGNATURE  Signature, typod or printed name of registered agent, and title if explicable. (NOTE: Registered Agent argnature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME SMITH, EDWARD W.P. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32209  TITLE NAME KARTSONIS, JOHN P STREET ADDRESS S80 WEST 8TH ST, STE 7017 STREET ADDRESS STREET ADDRESS S80 WEST 8TH ST, STE 7017	
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9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IT ILE NAME  SMITH, EDWARD W.P.  STREET ADDRESS CITY-ST-ZIP  TITLE  D  Change  TRUE  D  Change  TRUE  NAME  STREET ADDRESS	
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42 11 have a first a region of the first does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes, I further certify that the info	
13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119-05(f). Third a statutes in third certify indicated on this report or 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 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 B changed, or on an attachment with an address, with all other like empowered.	mation

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR