NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	200	O UN	FORM BUS	INES	S REPO	ŔТ	(ÜB	R)		7/2			FI	TF	חי		
Or-28-2000 SQL 44 005 ***558.75			# P99000	02682	25	/				1	Aug	y 1'				8:00	am
Princips Prace of Business IN BELE MADE RUADO DR INAUL F, 2019 IN BULE MADE RUADO RUADO DR INAUL F, 2019 IN BULE MADE RUADO RUADO DR INAUL F, 2019 IN BULE MADE RUADO RUADO DR INAUL F, 2019 IN BULE MADE RUADO RUADO DR INAUL F, 2019 IN BULE MADE RUADO RUADO DR INAUL F, 2019 IN BULE MADE RUADO RUADO DR INAUL F, 2019 IN BULE MADE RUADO RUADO DR INAUL F, 2019 IN BULE MADE RUADO RUADO DR INAUL F, 2019 IN BULE MADE RUADO RUADO DR INFO A SISTE ACCOMMENTATION OF A SISTE ACCOMM	MANAG	ed weli	NESS.COM, INC.														e
MANU FL 2018 UAUL FL 2018 2. Principul Place of Business 3. Maxing Address Sule, Apr. # etc. Bule, Apr. # etc. City A State Curvery 2. Principul Place of Business 3. Maxing Address Curvery Curvery Cov A State Curvery Cov A State Curvery Covered Curvery A. Hence Curvery KALFFMAN, ROALD Enderned Advect and Collar State and Hence Hob S.E. SECOND ST, STE 2520 Bases Advect and Hence Advect	,						0.	202	.000 2	0111	005	550.15					
Subs. Apt. #. etc. Subs. Apt. #. etc. DO NOT WHITE IN THIS SMACE City & Siste City & Siste City & Siste AppNed For ZP Country 2p Country Scattering of Banus Desined \$38.75 City & Siste Country Scattering of Banus Desined \$38.75 AppNed For KAUFFMAN, RONALD To main and Address of Ournett Registered Agent To main and Address of New Registered Agent Res. Registered NAME Country Scattering of Banus Desined State AppLed For Res. Registered NAME Country File Banus Other Address of New Registered Agent Res. Registered NAME Country File Banus Other Address of New Registered Agent Other Address of New Registered Agent Note of Country File Banus Other Address of New Registered Agent Other Address of New Registered Agent State AppLed For Address of New Registered Agent Other Address of New Registered Agent Other Address of New Registered Agent Name Country File Banus Other Address of New Registered Agent Other Address of New Registered Agent State Address of New Registered Agent Other Address of New Registered Address of New Registered Agent		Dr.					نى ۋە ھەر سەر										
Subs. Apt. #. etc. Subs. Apt. #. etc. DO NOT WHITE IN THIS SMACE City & Siste City & Siste City & Siste AppNed For ZP Country 2p Country Scattering of Banus Desined \$38.75 City & Siste Country Scattering of Banus Desined \$38.75 AppNed For KAUFFMAN, RONALD To main and Address of Ournett Registered Agent To main and Address of New Registered Agent Res. Registered NAME Country Scattering of Banus Desined State AppLed For Res. Registered NAME Country File Banus Other Address of New Registered Agent Res. Registered NAME Country File Banus Other Address of New Registered Agent Other Address of New Registered Agent Note of Country File Banus Other Address of New Registered Agent Other Address of New Registered Agent State AppLed For Address of New Registered Agent Other Address of New Registered Agent Other Address of New Registered Agent Name Country File Banus Other Address of New Registered Agent Other Address of New Registered Agent State Address of New Registered Agent Other Address of New Registered Address of New Registered Agent	2 Principal	Place of But		3 Mailing	Addross												
City & State City & State 4. ED.Jump Q1U_55 Acceled for MA Application Zip Country 20 Country 8. Cartificate of Status Desired \$8.75 Acceled for MA Application 20 Country 20 Country 8. Cartificate of Status Desired \$8.75 Acceled for Machine Application 4. FEMALAN, RONALD 100 S.E. SECOND ST, STE. 250 Street Address of New Regulatered Application Street Address of New Regulatered Application 8. The above named only submits the statement for the purpose of changing its regulatered dates or the Acceled application or applicated application or application is aligned to applicate application of application application of application of application application application of application	,														INNI TILI ITUI		
Zp Country 2p Country 5. Certificate of Status Desired \$5.75 Assess B Huma and Address of Current Registened Agent 7. Hums and Address of New Registened Agent 7. Hums and Address of New Registened Agent MAUFFMAN, RONALD 100 S.E. SECOND ST., STE. 2550 MIXAII FL 33131 Steed Address (PO. Box Number is Hol Accopatable) Steed Address (PO. Box Number is Hol Accopatable) City FL Zp Code a. The above named antity submits this statement for the purpose of changing its registered agent, or box, in the State of Fluct. Dotted SIGNATURE Distance or antification is significated agent of the is expected. IDEE The above named antify submits this statement for the purpose of changing its registered agent, or box, in the State of Fluct. SIGNATURE Distance or antification is infigured agent of the is expected. IDEE The above named antify submits this statement for the purpose of changing its registered agent, or box, in the antify registered agent of the is expected. IDEE The above named antify submits this statement for the purpose of changing its registered agent, or box, in the antify registered agent, or box in the antify registered agent, antify registered agent, antify registered	City & Sta	te	City & S						El Number	<u></u>	15	5-		the second se	·]	
KAUFFMAN, RONALD You S.E. SECOND ST., STE. 2550 MAM FL 33131 City FL Zip Code City FL City FL Zip Code City FL City FL City FL Zip Code City City FL Zip Code City	Zip		Country	Zip		Coun	iry		<u> </u>			T <u>O</u> esired	<u> </u>		75 Add	litional	1
KAUFFMAN, RONALD TOS SE, SECOND ST., STE, 2350 Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.C. Box Number is Not Acceptable) Out City FL Zip Code City FL Zip Code Street Address (P.C. Box Number is Not Acceptable) Out City Street Address (P.C. Box Number is Not Acceptable) Out City FL Street Address (P.C. Box Number is Not Acceptable) Out City FL Dip City City City City City City City City			and the second	Registered A	Agent				7." N	ame and Ac	idress o	New R	logistere			u 	<u></u>
100 S.E. SECOND ST., STE 2350 Steen Addiss (P.). Box Number 5 was Acceptables MIAMI FL 33131 City FL Zp Code City FL Zp Code City FL Zp Code City FL Zp Code State Address Institute of the purpose of changing its registered agent. or both, in the State of Portida. SIGNATURE State Address Institute of the state of Portida. Signam, frame of myster and strengther of the statement for the purpose of changing its registered agent. or both, in the State of Portida. State Signam, frame of myster and strengther to the statement for the purpose of changing its registered agent. or both, in the State of Portida. State Signam, frame of myster and strengther of the statement for the purpose of changing its registered agent. or both, in the State of Portida. State of Portida State 11 OrFICERS AND Diffections Institue information agent of the state of Portida State Institue information agent of the state of Portida State 12 ADDITIONS/CHANGES TO OFFICERS AND DIFECTIONS information agent of the state of Portida State of	KVI			~~~~~													
Re above named entity submits this statement for the purpose of changing its registered aligner or both, in the State of Florida. SiGNATURE Grade to registered aligner of the function of the purpose of changing its registered aligner or both, in the State of Florida. SiGNATURE Grade to deal of the function of the purpose of changing its registered aligner or both, in the State of Florida. SiGNATURE Grade to deal of the function of the purpose of changing its registered aligner or obtain another of the function of the function of the purpose of the function of the purpose of the function of the functin of the function of the function of the functin of the function o	100	S.E. SEC	ond St., Ste. 2350				Street A	ddress (P.C	D. Bo	ox Number is	s Not Acc	eptable)				4
SIGNATURE							City						F	°L	Zip Cod	e	
Sciences, your generation areas of projections. (APTE: Projections in endpotent general results of account of the induced of	8. The above	e named enti	ty submits this statement fo	r the purpose	e of changing its i	register	ed office o	r registered	l age	int, or both, l	n the Sta	te of Fic	rida,				1
<td< td=""><td>SIGNATURE</td><td>Signature, type</td><td>f or onnied name of registered scene.</td><td>and title it applicable</td><td>he. (NOTE:</td><td>Registere</td><td>d Agent signet</td><td>ure required wh</td><td>ion mir</td><td>netatino)</td><td></td><td></td><td>DAŤ</td><td>E</td><td></td><td></td><td></td></td<>	SIGNATURE	Signature, type	f or onnied name of registered scene.	and title it applicable	he. (NOTE:	Registere	d Agent signet	ure required wh	ion mir	netatino)			DAŤ	E			
Tax timp: requirement and elects to do so After SEPTEMBER 13, 2000 Min, will be \$750.00 Tust Fund Contribution: Store times and elects to do so (See criteria on back) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Time: D OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Time: D Change Addition Change Addition Time: D Change Addition Change Addition Street ADDRSS ChrST-2P ITTLE Change Addition Time: Delete TTLE ITTLE Change Addition Street ADDRSS ChrST-2P ITTLE Change Addition Time: Delete TTLE ITTLE Change Addition Street ADDRSS ITTLE Delete TTLE ITTLE Change Addition Street ADDRSS ITTLE Delete TTLE ITTLE	9. This corp							····									ł
ITTLE D Defete TTTLE Change Addition MME Soft BELLE MEADE ISLAND DR. ITTLE INVERTIGATIONS ITTLE Invertigation	Tax filing i	requirement	and elects to do so.	After S	EPTEMBER 13	, 2000	Min, will	be \$750.0	10								
TITLE Image Image Addition C3 NAME NAME STREET ADDRESS CTV-ST-2P CTV-ST-2P TITLE Image Image Addition Addition NAME Image Image Addition Addition NAME Image Image Addition Image Addition NAME Image Image Image Addition Image <	11.	T =	OFFICERS AND	DIRECTORS		12.		· · ·	ADD	DITIONS/CH	ANGES	to off	ICERS A				
TITLE Image Image <td< td=""><td>NAME</td><td>ZALAC,</td><td></td><td></td><td>Delete</td><td>NAM</td><td>E</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Change</td><td>Addition</td><td>31 (5/.</td></td<>	NAME	ZALAC,			Delete	NAM	E								Change	Addition	31 (5/.
TITLE Image Image Addition C3 NAME NAME STREET ADDRESS CTV-ST-2P CTV-ST-2P TITLE Image Image Addition Addition NAME Image Image Addition Addition NAME Image Image Addition Image Addition NAME Image Image Image Addition Image <																	
STREET ADDRESS STREET ADDRESS CITY-ST-ZP ITTLE ITTLE ITTLE <td></td> <td></td> <td></td> <td></td> <td>Delete</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td> <td>Ö</td>					Delete										Change	Addition	Ö
WMAK STREET ADDRESS CITY-ST-2P CITY-ST-2P TITLE Delete NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P VITLE Delete NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P VITLE Delete TILE NAME STREET ADDRESS CITY-ST-2P VITLE Delete TILE NAME STREET ADDRESS CITY-ST-2P VITLE Delete TILE NAME STREE	STREET ADDRESS					STRE	ET ADDRESS										
STREET ADDRESS STREET ADDRESS CITY-ST-ZP ITLE ITLE IDelete ITLE IDelete ITTLE IDelete					Delete	/									Change	Addition	1
NME STRET ADDRESS CITY-ST-ZIP ITLE TITLE Delete NAME STRET ADDRESS CITY-ST-ZIP ITLE ITLE Delete NAME STRET ADDRESS CITY-ST-ZIP ITLE ITLE Delete ITTLE Delete ITTLE ITLE NAME STRET ADDRESS CITY-ST-ZIP ITLE ITTLE Delete ITTLE ITLE NAME STRET ADDRESS CITY-ST-ZIP ITLE ITLE ITLE ITTLE ITLE ITTST-ZIP ITTLE ITTST-ZIP ITTLE <tr< td=""><td>STREET ADORESS</td><td>·····</td><td></td><td></td><td></td><td>STRE</td><td>ET ADDRESS</td><td></td><td></td><td><u> </u></td><td></td><td></td><td></td><td></td><td></td><td>,,</td><td></td></tr<>	STREET ADORESS	·····				STRE	ET ADDRESS			<u> </u>						,,	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP ITTLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP ITTLE ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP Change ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP Change ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ISTREET ADDRESS CITY-ST-ZIP					Delete										Change	Addition]
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP Change 13. I hereby cartify that the information supplied with this filing obes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental aport 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 director of the corporation or the receiver or the stee on the secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 If changed, or on an attachment with an address, with all other like on powered. SIGNATURE: CITY-SI-UP		 															
GITY-ST-ZIP GITY-ST-ZIP ITILE Delete NAME ITILE NAME STREET ADDRESS GITY-ST-ZIP ITILE 13. I hereby cartify that the information supplied with this filing obes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cartify that the information indicated on this report or supplemental aport 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 director of the corporation or the receiver or trustee empowered in the proving required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 If changed, or on an attachment with an address, with all other like on power to be required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 If changed, or on an attachment with an address, with all other like on power to be required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 If changed, or on an attachment with an address, with all other like on power to be required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 If changed, or on an attachment with an address, with all other like on power to be required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 If changed, or on an attachment with an address.	TITLE NAME				Delete										Change	Addilion	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 13. I hereby certify that the information supplied with this filing clies not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 director of the corporation or the receiver gubrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 If changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Incompatibility of the the information of the receiver gubrust of the provented.	STREET ADDRESS CITY-ST-ZIP		······														
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental sport 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 director of the corporation or the receiver or trustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 If changed, or on an attachment with an address, with a other like encourted. SIGNATURE:	title Name				🗋 Oelete										Change	Addition	
signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or divisite empowered be execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 If changed, or on an attrachment with an address, with a other like anowered.	STREET ADORESS City - St - Zip																
SIGNATURE: SIGNATURE ALQUINED and 7-20-00	indicated of the cor	l on this repo rporation or t	rt or supplemental report is he receiver or trustee empo	true and acc wered to exe	urate and that my cute this report	/ sionat	ure shall h	ave the sam	ne le	cial effect as	if made	under o	ath: that	I am an	officer of	or director]
	_	× 1	GIGINA	IRE A	ESUIN		<u>S</u> a	nay.		Л	-20	-00	$\overline{\chi}$	· · · · ·	, ~,,		ļ
		(2			<u>.</u>				uvayume			j.

.