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Reing Address 2006 O'REAND MENE CONT CHARLOTTE R. 3000 DO NOT WATE IN THIS STACE  Suite. April II, etc.  Suite. April III, etc.  Suite.  Suite. April III, etc.  Suite.  Suite. April III, etc.  Suite.  Suite. April III, etc.  Suite.  Suite. April III, etc.  Suite.	DOCUMENT # P9900038404  1. Entity Name  CHARLENE AND RHONDA, INC.						May 19, 2000 8:00 and Secretary of State				
PORT CHARLOTTE FL 59962  PORT CHARLOTTE FL 59962  PORT CHARLOTTE FL 59962  PORT CHARLOTTE FL 59964  PORT CHARLOTTE FL 599	Principal Place	of Business	Mailing Address			7	00 01 <b>2</b> 0				
Surie. April 4, etc.    Surie. April 4, etc.   Surie. April 4, etc.											
City & State  City & State  City & State  City & State  A. FIR Number  FS. — O. 9114055  Next Applicable  See Required  Red Applicable  See Required  Red Applicable  See Required  Red Applicable  See Required  TYLER, CHARLENE A. 2005S COPELAND AVENUE  PORT CHARLOTTE FI. 33952  City  FL. Zip Code  City  FL. Zip Code  City  FL. Zip Code  City  FL. Zip Code  Red Code See Regulated Agent  The concretion and belds to do not concern the submitted t	2. Principal Pla	ace of Business	3. Mailing Address			-					
City & State  Ci	Suite, Apt. #, etc. Suite, Apt. #, etc.					-			ACE		
Separation   Sep	City & State		City & State			-	El Number	<u> </u>			
TYLER, CHARLENE A 2035 COPELAND AVENUE PORT CHARLOTTE FL. 33952  City FL Zip Code  8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signature, typed or primer reme of registered agent and seek applicable  9. This corporation is eligible to satisfy the interrigible Rate Mart 1, 2000 Fee will be \$550.00 After Mart 1, 2000 Fee will be \$550.00 Make Check Payable to Department of to bask)  17. DEFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME CHARLENE A TYLER  INSTERIANCES CHY-SI-P  PORT CHARLOTTE, PL 33952  CHY-SI-P  PORT CHARLOTTE, PL 33952  CHY-SI-P  INE  INE  INE  INE  INE  INE  INE  IN	Zip	Country	Zip .	Count	ry :	+	= - // /		8.75 Add	itional	
TYLER, CHARLENE A 2058 COPELAND AKENUE PORT CHARLOTTE FL 33952  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Syndam, function present name of orgativent agent and title a approach  POTE frequency April spinior resolvency or complete in an adjustment agent and title a approach  POTE frequency April spinior resolvency or complete in an adjustment agent and title a spinior resolvency or complete in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its intangible TAX lifting orgativement and directs to do so.  After MAY 1, 2000 Fee will be \$500.00  THE AMAGE STATE ACCURS STATE OF STA		6. Name and Address of Current	Hegistered Agent			7. N	lame and Address of New Re				
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  Syndish, basic or protections of suplement and the substances agent and the substances and		= = -				(P.O. B	ox Number is Not Acceptable)				
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  9. This corporation is eligible to satisfy its intangible Tax fifting equirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  TITLE  AND CHARLES AND DIRECTORS  TITLE  ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS  TITLE  AND CHARLES AND DIRECTORS  TITLE  ADDITIONS/CHARLES AND DIRECTORS  TITLE  ADDITIONS/CHARLES AND DIRECTORS  TITLE  ADDITIONS/CHARLES AND DIRECTORS  TIT	PORT	CHARLOTTE FL 33952		}							
SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax filing adjutement and direct to do so.   After MAY 1, 2000 Fee will be \$550.00   Make Check Payable to Department of State    17.				ĺ	City			FL	Zip Code	9	
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51-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 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 or trustee 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.  15. INATURE:  16. A TURE:  17. A TURE:  18. A TURE:  18. A TURE:  18. A TURE:  19. A	JULE		☐ Delete						☐ Change	☐ Addition	
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