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rincipal Place o	<b>l</b> of Business		Mailing Address		
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. Principal Plac			3. Mailing Address		•
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		and Address of Current		Name	7. Name and Address of New Registered Agent
JAMES B. DELK					SAWRS 15. UELLY is (P.O. Box Number is Not Acceptable)
2	415	BLANDING	1,45	Sileet Addres	is (r.O. Box Nulliber 15 Not Acceptable)
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S	HCM:	9, 211/1111002	re. 22-40	City ——	ACUSON VILLE FL Zip Code 32210
The above no	amed entity	submits this statement for	or the purpose of changing it		stered agent, or both, in the State of Florida ADDR 895 CHANGE
. The above he	arrica critiy	Subilita the statement to	or the purpose of ortal ging in	~ ( )	Leavy
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Sk	gnature, typed o	or printed name of registered agent	and title if applicable (NO	TE: Registered Agent signature requ	ured when reinstating) DATE
S <sub>R</sub>	ation is eligit	ole to satisfy its Intangible	FILE NOW	/III FEE IS \$150.00	10. Election Campaign Financing \$5.00 May Re
September 2 Septem	ation is eligit quirement ar	ole to satisfy its Intangible and elects to do so.	FILE NOW After MAY 1, 2	/[II FEE IS \$150.00 000 Fee will be \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
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