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2. Principal Place of Business	0 0	3. Mailing Address	0 0						
Suite, Apt. #, etc. Suite, Apt. #, etc.		DAD	DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI Number			TÃp	plied For
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33432	45	33432	115		5. Certificate of Status		Fee	75 Add Required	
	ddress of Current Re		Name		7. Name and Address	of New Registe	ered Agen	<u>t</u>	
SPIEGEL & UTRENA P.A. Street Address 343 ALMERIA ÁVENUE				Address (P.	O. Box Number is Not A	cceptable)			
243 M	CMERIA	Avenue	_						
CONAL 6	PABLES,	FL 33/3	City				FL	Zip Code	
	its this statement for ti	he number of changing its			d agent, or both, in the S	State of Florida			
8. The above named entity submi		ne parpose or changing its	registered onice d	registere	d agent, or both, in the a	state or i forted.			
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR