CHEERS, INC. incipal Place of Business M SW 136 AVE VIE FL 33325 Principal Place of Business OHIS W VB AVE Suite, Apt. #, etc. City & State DAVKL FU	ailing Address If SW 136 AVE VIE FL 33325-5116 Ma ling Address LOUISW Suite, Apt. #, etc. City & State DAVIZ 10 3732-5	136 Ave	APPROVED AND FILED OD JUN 13 PM 1: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA OS-24-2000—90191 045 - 18 4. FEI Number 1 Applied For Not Applicable S. Cert ficate of Status Desired \$8.75 Additional Fee Required	
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AVVE COUNTY Zip 37325 SOUNTY 6. Name and Address of Current Regis MASCARO, CAROL M	33325	JE OW ARD	4. FEI Number (5 - 09 26 022 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
ASCARO, CAROL M	37325	BROWARD	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
MASCARO, CAROL M	33325	BROWARD	Fee Required	
MASCARO, CAROL M	leted Agent		7_ Name and Address of New Registered Agent	
		Name	7-71	
LUTI UIILIUU MIL		Street Addres	s (P.O. Box Number is Not Acceptable)	
DAVIE FL 33325				
_		City	FL Zip Code	
The above named onlity submits this statement for the p	ourpose of changing its	registered office or regis	tered agent, or both, in the State of Florida.	
GNATURE			-	
Signature, typed or printed name of registered agent and title		: Registered Agent signature requi	ed when renstating) DATE	
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 20	?! FEE IS \$150.00 DO Fee will be \$550.00 le to Department of S		
OFFICERS AND DIRECT		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
LE PD ME MASCARO, CAROL M	Delete	TITLE NAME	: ☐ Change ☐ Additio	
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E STD.	Dale:e	THUE	; Change Additio	
ME MASCARO, LIZAL D 2041 SW 136 AVE		NAME STREET ADDRESS		
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UTE TO THE T	☐ Delete	TITLE NAME) Charles Thomas	
HER ADDRESS Y-ST-ZP L.	,	STREET ADDRESS CITY-ST-ZIP	7	
indicated on this report of supplemental report is true of the corporation or the receive of institute ampowere changed, or on an attachment with an address with at IGNATURE:	iling does not qualify for and accurate and that in do cookie this report if other like empowered.	ny signature shall have it as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer of director 07, Florida Statutes; and that my name appears in Riock 11 or Block 12 if PLO MASCARD S—I—D Oute Degume Phone	