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City & State City & State 4. FEI Number 65-0837415 Applied FC Zip Country Zip Country S. Certificate of Status Desired Set 75. Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rame and Address of New Registered Agent BARKER, R. SCOTT 125599 NEW SRITTANY BLVD. FT. MYERS FL 33907 Name Street Address (PO. Box Number is Not Acceptable) City FL Zip Code Name Street Address (PO. Box Number is Not Acceptable) City FL Zip Code 7. Name and Address of New Registered Agent Name Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) 7. Name and entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floida. I am familiar with, and acceptable of floida a perturbation. PME Street Address (PO. Box Number is Not Acceptable) PME Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) PME Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) PME Street Address (PO. Box Number is Not Acceptable) International i	2. Principal	Place of Business	3. Mailing Address		
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Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARKER, R. SCOTT 12699 NEW BRITTANY BLVD. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable (GNATURE Signature, typed or orined name of registered agent and the if applicable. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and acceptable IGNATURE Signature, typed or orined name of registered agent and the if applicable. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and acceptable IGNATURE Signature, typed or orined name of registered agent and the if applicable. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and acceptable IGNATURE Signature, typed or orined name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstaincy) DME IGNATURE Signature, typed or orined name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstaincy) DME IGNATURE Reg Lononcs OFFICERS AND DIRECTORS	City & Sta	te	City & State	· · · · · · · · · · · · · · · · · · ·	
	Zip	Country	Zip	Country	5 Certificate of Status Desired S8.75 Additional
BARKER, R. SCOTT 12639 NEW BRITTANY BLVD. FT. MYERS FL 33907 City FL 21p Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. GNATURE GNATURE FLE NOW!!! FEE IS \$150.00 ake Check Payable to Florida Department of State OFFICERS AND DIRECTORS I OFFICERS AND DIRECTORS I OFFICERS AND DIRECTORS I OFFICERS AND DIRECTORS III OFFICERS AND DIRECTORS IIII OFFICERS IIII OFFICERS IIII OFFICERS IIIIIIIII OFFICERS IIIIIIIIIIIII OFFICERS IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		6. Name and Address of Curren	t Registered Agent	<u> - </u>	
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