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	-6. Name and A	ddress of Current R	legistered Agent		Name (n		Name and Addres		ered Agent		
SAMMARONO, DOMINICK F.						Street Address (P.O. Box Number Is Not Acceptable)					
	S.W. ST. JOHNS		Street Address (ss (P.O. E	20. Box Number: Is Not Acceptable)				
POR	T ST. LUCIE FL 3	4986	IBANA)			133	3350 NW St. Lucie W. Blvd unit				
				City PAY	+5	J. Luci	<u>e</u>	FL Zip Good	812		
8. The above	named entity subm	its this statement for	the purpose of proging its	registere	d affice or regi	stered ag	ent, or both, in the	State of Florida:	n nancista 	95.09	
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Signature, option possible name of registered agent and top if applicable. (NOTE: Registered Agent algorithms required when rem								- C	05.0		
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13. I hereby	certify that the inform I on this report or su	nation supplied with pplemental report is	this filing does not qualify for true and accurate and that	r the exe my signal	mption stated i ture shall have	n Section the same	119.07(3)(i), Florid legal effect as if m	la Statutes. I furth ade under oath;	ner certify that the in that I am an officer	or director	
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