Pincipidal Place of Business 100 seption 80. 11 PORT AND PROVIDE STATE 11 S				n i	<u>(Cor</u>	<u> </u>	Apr 06. Secr	FILEL , 2001 (etary o	08:00			
2. Fitropel Place of Business Substitute	•		•								-	
Subject Applies Applie		FL			FL							
Applied For LOUIS State Colly & State Country Country Same Count	2. Principal P	face of Business	3. Mailing Address 4955 ORANGE DRIVE								-	
Page Country 20	Suite, Apt.	#, etc.						DO NOT WRITI	E IN THIS	SPACE	–	
Second S	City & State	9	1 .		FL					——————————————————————————————————————		
LODIN SCOTT ACCENT ACC	Zip	Country	· .	Coun	try			tus Desired		\$8.75 Ad	Iditional	•
LODIN SCOTT 400 S.W. 47TH AVE. FIL. LADDERDALE FIL. 33314 US CRY CRY CRY CRY CRY CRY CRY CRY CRY CR		6. Name and Address of Current I	Registered Agent			7.	Name and Addr	ess of New Re			<u></u>	1
2. The above named entity submitts this statement for the purpose of changing its registered agent, or both, in the State of Florida. 2. SIGNATURE SCOTT LODIN SIGNATURE SCOTT LODIN S					LODIN Street A	SCO1	rT Box Number is N					
STORATURE SCOTT LODIN STORATURE STOR			L		City			 		Zip Cod		
9. This corporation is eligible to satisfy its intangible Tax filter special process. PLLE NOW!! FEE IS \$150.00	8. The above		the purpose of changing its r	egistere		registered a	gent, or both, in t	he State of Flor	ida.			_
Tax filing requirement and elects to do so. (See criterion to back) Make Check Payable to Department of State See Check Payable to Department of State Trust Fund Contribution.	SIGNATURE _		nd title if applicable, (NOTE:	Registere	d Agent signat.	ire required when	reinstating)			<u>/2001</u>	<u> </u>	
TITLE VPSD Delete TITLE VPSD SCOTT S	Tax filing r	equirement and elects to do so.		1 Fee	will be \$5	50.00						
NAME LODIN SCOTT SIRET ADDRESS 4091 S.W. 47TH AVE. SIRET ADDRESS 4091 S.W. 47AVENUE S	11.	OFFICERS AND	DIRECTORS	12.		A	DDITIONS/CHAP	IGES TO OFFI	CERS AND	DIRECTOR	RS IN 11	İ
MALAHIAS ANGELO STREET ADDRESS 4001 S.W. 47TH AVE. CITY-ST-ZIP FT. LAUDERDALE FL 33314 TITLE PD Delete TITLE PD NAME COHEN ALAN P STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33314 TITLE PD NAME COHEN ALAN P STREET ADDRESS CITY-ST-ZIP DAVIE FL 33314 TITLE PD NAME COHEN ALAN P STREET ADDRESS CITY-ST-ZIP DAVIE FL 33314 TITLE NAME COHEN ALAN P STREET ADDRESS CITY-ST-ZIP DAVIE FL 33314 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME	LODIN SCOTT	☐ Delete			LODIN				X Change	☐ Addition	11/00)
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CITY-ST-ZIP FT. LAUDERDALE FL 33314 CITY-ST-ZIP DAVIE FL 33314 TITLE PD			☐ Delete				S ANGELO)		X Change	☐ Addition	
NAME COHEN ALAN P STREET ADDRESS 4001 SW 47 AVENUE STREET ADDRESS 4001 SW 47 AVENUE STREET ADDRESS 4955 ORANGE DRIVE STREET ADDRESS 4001 SW 47 AVENUE STREET ADDRESS 4001 SW 47 AVENUE STREET ADDRESS 4001 SW 47 AVENUE STREET ADDRESS 6117-ST-ZIP STREET ADDRES			FL 33314				NGE DRIVE		FL	33314		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes and that my wage appears in Block 11 or Block 12 if	NAME		☐ Delete	NAM	E					Change	☐ Addition	
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SIGNATURE: Scott Lodin VPSD 04/06/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date	13. I hereby of indicated of the corphanged,	or this report to supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that my wered to execute this report a vith all other like empowered.	the exer y signat s requir	mption stat ture shall haved by Cha	ave the same pter 607, Flo	e legal effect as if rida Statutes; and	made under o I that my name	aths that I c	m on office	r or director	

Date

Daytime Phone #