STREET ADDRESS ST.ZIP Delete	DOCUM Finity Name	UNIFORM BUSINESS UNIFORM BUSINESS MANUAL OF BUSINESS	00802	le 1	FILED Mar 22, 2000 8:00 am Secretary of State 03-22-2000 90216 040 ***150.00
Applied For Country State State Country State St	905	SE IZE CT	P2 33 3. Mailing Address PMB2	316	DO NOT WRITE IN THIS SPACE
Name and Address of Current Registered Agent Name Na		· I -		AUBELDACE	4. FEI Number Applied For Not Applicable 5. Cartificate of Status Desired Status
Street Address (P.C. Box Nill, other is Not Accoptable) FT. LINDER ATLE, FL. 35316 City FL. 2g Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flor da. This concordation is eligible to satisfy its intangible for a state of the concept of the concept of the state of the	3531	= 1 ' ' '	Registered Agent		Fee Required
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FLE NOW!!! FEE IS \$150.00	WIN	STUN JUNG	- CLARK	~	ss (P.O. Box Number is Not Acceptable)
The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. In this concoration is eligible to satisfy its intangible Carter			7		20 V.S. DOVIMENDO.
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. In the corporation is eligible to satisfy its intemplate Papellet Debt Papellet	FT.	LADERDAZE,	FL 333	City	FI Zip Code
ST-ZP Delete TITLE Change Addition	s J. This corpora Tax filing rec	ation is eligible to satisfy its Intangible quirement and elects to do so.	FILE I Atter MAY Make Check	NOWIII FEE IS \$150.00 1, 2000 Fee will be \$550. Payable to Department of	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
STREET ADDRESS ST.ZIP Delete	i. -]				
NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CIT		1323 SE , 29	st ans.	NAME CYPTET APPRECE	Change Depth Change CR2E 034 (3)
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Delete TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information indicated on this report or supplemental eport 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 traited in Section 119.07(3)(i), Florida Statutes. further certify that the information indicated on this report or supplemental eport 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 traited in Section 119.07(3)(i), Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an againess, with an other rice employeered.	·		☐ Delete	TITLE NAME	☐ Change ☐ Addition
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I hereby certify that the information supplied with this filling 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 trastee in powered to exercise this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an autress, with an other rice employered.	- Tillintede		Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
2/11/19 9511-629 9666	 I hereby ce indicated or the corporate 	n this report or supplemental report is pration or the receiver or histeening	true and accurate and wered to execute this.	alify for the exemption stated in that my signature shall have benot as required by Chapter	
ATURE AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #	: :::GNATL	JRE/ //u-	Chilly	<u>e</u>	3/16/00 954-627 9666