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2. Principal Place of Business		3. Mailing Address			•		
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	Country	Zip	Country	65-095	<u> </u>	Not <b>B.75</b> Addit	Applicable ional
Zip 	Í	· ′	,	5. Certificate of Status Desired	LJ Fe	e Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New	Registered Ag	<u>eni</u>	
GS	EFEN, BARUCH	ت ت <sub>ست</sub> ، سیدر <sup>ا</sup>	en e		- I		
12	EFEN, BARUCH 2713 NW 21 <sup>st</sup> Place eral Springs, FL	e	Street Address	s (P.O. Box Number is Not Accepta	ble)		
Ċo	ral Springs, FL 3	33071		····			
٠	7		City		FL	Zip Code	
		•	City		FL	<u> </u>	
3. The above	e named entity submits this statement for	or the purpose of changing i	ts registered office or regist	tered agent, or both, in the State of	Florida.		.*
3. The above	e named entity submits this statement for	or the purpose of changing i	ts registered office or regist	tered agent, or both, in the State of	Florida.		
			ts registered office or regist TE: Registered Agant signature requi		Fiorida.		
SIGNATURE	Signature, typed or printed name of registered agen	t and title it applicable. (NO	DTE: Régistered Agont signature requi	ired when reinstating)	DATE		May 8a
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13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Fidured 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 name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR THINK OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #