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Principal Place of Business	inde f	3. Mailing Address	/	-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
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Zip C	Country	Zip	Country	5. Certificate of Status Desired		Not Applicable 5 Additional	
6. Name and	d Address of Current Re	gistered Agent		7. Name and Address of New Reg		tequired	1
Dennale	BIT	0011-	Name				
Gnal	Baimaa	Park D.	Street Address	(P.O. Box Number is Not Acceptable)			1
\mathbf{x}	× argudo	32777					7
! Ven	imale, H. i	12///	City		FL Z	ip Code	1
The above named entity su	bmits this statement for th	e purpose of changing i	is registered office or regist	ered agent, or both, in the State of Florid			1
· Carla	8 D		Main -	BD	8.2	ρ	
GNATURE Signature, typed or pri	inted name of registered agent and	title if applicable. (NC	TE: Registered Agent signature requir	ed when reinstating)	DATE	-01	
-This corporation is eligible	to satisfy its Intangible	FILE NOW	/III-FEE IS \$550.00	10. Election Campaign Finan		¢F 00	
Tax filing requirement and	elects to do so.		2, 2001 Fee will be \$75	and 1 IV. Election Campaign Finan		\$5.00 May Be Added to Fees	
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