

FILED
Apr 16, 2008 08:00 A
Secretary of State

[illegible]

4. FEI Number 74-2944377	Applied For
	Not Applicable

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

TITLE	D
NAME	POLLACK, LOREN
STREET ADDRESS	27001 US HIGHWAY 19 NORTH SUITE 2095
CITY-ST-ZIP	CLEARWATER, FL 33761

TITLE	D
NAME	SCHER, DAVID
STREET ADDRESS	27001 US HIGHWAY 19 NORTH SUITE 2095
CITY-ST-ZIP	CLEARWATER, FL 33761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST -ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08

Date _____

727 796-1077

Daytime Phone # _____