

	Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
1	6000040334065 -04/19/01-01096-004 *****35.00 ******35.00
(Corporation Name)	(Document #)
2(Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
Mail out Will wait	Photocopy
NEW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other Profit Ward Acres Harry Market Marke	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of
the State of Florida.
1. The name of the corporation: THE FIGURIES, LIC.
Ac 42 1/2 A
2. The mailing address of the corporation:
- Migmi, 1-6 33269-4394
3. Date of incorporation/qualification: 40 - Q - 1950 Document number 06345
4. The name and address of the current registered agent and office:
all William K. Howard die Acon
Old Holl Blicher (Ace, Got Flain 4900
Mcani, +(33/31
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
XERE LILLIAM K. Hovel HAG
January 565 NE 178 57
North Missni, FC33162-1917
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
11/1/ H/ (see a) 4-17- 04 0
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
II
Corporation, I hereby accept the appointment as registered agent and agree to do not make the provisions of all statutes relative to the proper and complete
performance of my auties, and i any familiar with and accept the obligation of my position
1/2/18/10 A / (see) 1/2-(2-0/2)
(Signature of Registered Agent) (Date)
If signing on behalf of any entity:
(Typed or Printed Name) (Capacity)

* * * FILING FEE: \$35.00 * * *