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Control and a status balance in the status of Current Registered Agent ARTINEZ, GUSTAVO Street Address of New Registered Agent ARTINEZ, GUSTAVO Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Code City	City & State	City & State	<u></u>	4. FEI Number 65-0289305	Applied For Not Applicable
MARTINEZ, GUSTAVO Sizzi SOROLIA AVE SUITE 3033 Name SUITE 303 Street Address (P.O. Box Number is Not Acceptable) City FL City FL Zip Code City The above named, entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonde. James Autors for the Name Augustus agent are test registered office or registered agent, or both, in the State of Fonde. James Autors for the Name Augustus agent are test registered office or registered agent, or both, in the State of Fonde. James Autors for the Name Augustus agent are test registered office or registered agent, or both, in the State of Fonde. James Autors for the Name Augustus agent are test registered office or registered agent, or both, in the State of Fonde. James Autors for the Name Augustus agent are test registered agent gradue value are test registered agent, or both, in the State of Fonde. James Augustus Autors for the Name Augustus agent are test registered agent, or both, in the State of Fonde. James Augustus Augustus agent are test registered agent gradue value are test registered agent, or both, in the State of Fonde. James Augustus Augustus Augustus agent are test registered agent gradue value are test registered agent, or both, in the State of Fonde. OFF/CERS AND DIPECTORS Ite Hold State Martinez, GUSTAVO Detet Martinez, GUSTAVO Ite Hold State State Address Ite Hold State	Zip Country	Zip	Country	5. Certificate of Status Desired	
AARTINEZ, GUSTAVO IS21 SOROLLA AVE SUITE 303 CORAL GABLES FL 33134	6. Name and Address of C	Current Registered Agent	Name	7. Name and Address of New Registe	ered Agent
SUTE 303 CORAL GABLES FL 33134 City FL Zip Code The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Ant URE ADDUM CIM CIT Determined and even the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOV!!!! FEE IS \$150.00 After Mary 1, 2002 Fee Will be \$550.00 After Mary 1, 2002				ss (P.O. Box Number is Not Acceptable)	
Chiry FL Zip Code The above named entity submits, this statement/f0T the purpose of changing its registered office or registered agent, or both, in the State of Florids. MATURE					
INATURE	•		City	<u>.</u>	FL Zip Code
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PD Intell	pronature, typed or printed name of regists	ered agent and title if applicable. (NC		quired when reinstating)	ATE
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