Intel	1. Entity Name	MENT # V03817			Jan 12, 20 Secretar	y of Sta	ite
CORAL GABLES FL 3114-2720 US S CORRELES FL 3114 US CORRELE	Principal Place	e of Business	Mailing Address		01-12-2000 900	071 004 ****150.	.00
Suits Apt. # etc DD NOT WRITE IN THIS SPACE OUY & State City & State 4. FEI Number Applied For (Not Applied 20 Zip Country Zip Country S. Contiduate distance During 1 (Not Applied 5) Applied For (Not Applied 5) Zip Country Zip Country S. Contiduate distance During 1 (Not Applied 5) State 1 (Not Applied 5) State 1 (Not Applied 5) State 1 (Not Applied 5) Name and Address of New Registered Appent HERSKOWITZ, ANDREW L 5733 RVIERA DRIVE CORAL GABLES FL 33146 Name State Address of New Registered Appent Name State Address of New Registered Appent Name State Address of New Registered Appent Name State Address of New Registered Appent Name State Address (PD. Box Number is Not Acceptable) On State (Not Applied For Address (PD. Box Number is Not Acceptable) State Address of New Registered Appent Name Address of New Registered Appent Name Address of New Registered Applied Address of New Registered Append New Address of New Registered Applied For Address State Address (PD. Box Number is Not Acceptable) DAK Mater Address of New Registered Applied For Address of New Registered Applied For Address State Address (PD. Box Number is Not Acceptable) DAK Mater Address of Not Not Address of N	CORAL GABLES		CORAL GABLES FL 33146-2	2750			
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	City & State	e	City & State		4. FEI Number 65-0305196		·
HERSKOWITZ, ANDREW L 5733 RNIERA DRIVE CORAL GABLES FL 33146 Street Address (P.O. Box Number is Not Acceptibile) B. The acove named entity submits this statement for the purpose of changing its registered define or registered agent, or both, in the State of Florida. SIGNATURE Signature type or general draw or legatement for the purpose of changing its registered define or registered agent, or both, in the State of Florida. SIGNATURE Signature type or general draw or legatement for the purpose of changing its registered define or registered agent, or both, in the State of Florida. 9. The corporation is eligible to satisfy its financing. Task fing recurrement and elects to do so. Inotic Registered Agent agent and the registered agent, or both, in the State of Florida. 9. The corporation is eligible to satisfy its financing. Task financing recurrement and elects to do so. Inot charge Plancing recurrement of State 9. The corporation is eligible to satisfy its financing. Task fund defets Florida. Inot charge Plancing recurrement of State 11. OFFICERS AND DIFECTORS 12. 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS 12. 13. OFFICERS AND DIFECTORS 12. 14. OFFICERS AND DIFECTORS 12. 15. Additions Intel Additions 16. VD Intel Models 17. OFFICERS AND DIFECTORS 12. 18. OFFICERS AND DIFECTORS 12. 19.	Zip	Country	Zip	Country	5. Certificate of Status Desired	58.75 Add	ditional
HERSKOWITZ, ANDREW L 5733 RNERA DRVE CORAL GABLES FL 33146 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code a. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. DME SIGNATURE		6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Regi	stered Agent	
City FL Zip Code A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. State of Forda. SIGNATURE					ss (P.O. Box Number is Not Acceptable)		
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 Forda. SIGNATURE	COR	RAL GABLES FL 33146		City		EI Zip Cod	
SIGNATURE This corporation is aligible to satisfy its Intangible ELE NOW!!! FEE.IS.\$150.00 10. Election Campaign Financing \$5.00 May B 4. This corporation is aligible to satisfy its Intangible ELE NOW!!! FEE.IS.\$150.00 10. Election Campaign Financing \$5.00 May B 13. OFFICERS AND DIFECTORS 12. Added to Fees Added to Fees 14. OFFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 TILE PTC Defice Imte: NMK Streat Addeds 5733 RIVERA DRVE Imte: Imte: Change Added MAKE Defice Imte:			··· <u>, ,,</u>				
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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 changed, or on an attachment with an address, with all other like empowered.	(See criter 11. ITTLE IAME STREET ADORESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADORESS CITY-ST-ZIP ITTLE VAME STREET ADORESS CITY-ST-ZIP	Image: Constant of the constan	After MAY 1, 20 Make Check Payab IRECTORS	00 Fee will be \$550.0 ble to Department of 12. 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	00 Trust Fund Contribution. State	Addec Addec RS AND DIRECTOR Change Change Change Change Change Change Change	d to Fees S IN 11 Addition Addition Addition
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