ANNU	PORATIC	La sold t			a B. Mortha tary of Stat							
1996 Division of corporations												
OCUN Corporation	Name	# V1679	93	(4)								
COM	ec clea	NERS, INC.										
cipal Place o	of Business		Maling	Address	<u></u>				YUUU IUVIU III	11 <b>                 </b>		111 BILII BILII
DAYTONA	ridgewood Beach Fl 3			3 CUNNINGHAM I Ew Smyrna bea	-	168						
US						_		3. Date Incorporated or Qualif 02/24/1992	ied 3a.	. Date of L 04/	21/1	995
Principal Plac	ce of Busine	SŚ	2a. Mai 26	iling Address				4. FEI Number 59-3118883			N	Applied For Not Applicable
Suite, Apt. #,	, etc.			ite, Apt. #, etc.				5. Certificate of Status Desired	d []			Additional Required
Dity & State				y & State				6. Election Campaign Financi Trust Fund Contribution	{		Added	D May Be to Fees
۶ip		Country 25	20 Zip 29	· <u> </u>	30 Co	untry		8. This corporation has liability Florida Statutes	/ for intang Yes	jible tax un		
	1	and Address of Currer		d Agent			kla	10. Name and Address of N			nt	
1.852413	lee, ron/	א ה פ				81	Name Street Add	tress (P.O. Box Number is Not Aco	intable)			
LAVAL		ALD P. A DRIVE				82	Street Add	UCC DOM NUMBERS NOT ACO				
						T						
63 CU		EACH FL 32168				83						
63 CU NEW S	SMYRNA B	EACH FL 32168	da. Such cha	ange was authori	ized by the	84	City named corpo oration's boa	oration submits this statement for the ard of directors. I hereby accept the	e purpose appointm	TL of changing	n its r	p Code egistered offic Lagent. I am
63 CU NEW S	SMYRNA B o the provise ad agent, or i h, and accep	EACH FL 32168	da. Such cha tion 607.0505 t and little if applica	ange was authori 5, Florida Statute able. N	ized by the 95.	84 DOVE-N CORPO	named corpo oration's boa	oration submits this statement for th ard of directors. I hereby accept the satisfies the statement of the statement of the addition of the statement of the st		DATE	ng its restered	egistered offic l agent. I am DRS IN 12
63 CU NEW S Pursuant to or registere familiar with NATURE	SMYRNA B o the provise ad agent, or I h, and accep Signature typed D	EACH FL 32168 ons of Sections 607.0602 ooth, in the State of Flori t the obligations of, Sect operated name of registered agon OFF#CERS AN	da. Such cha tion 607.0505 t and little if applica	ange was authori 5, Florida Statute able. N	22ed by the 35. 2015: Registere 13 1.1	84 pove-n corpo ed Agent	named corpo oration's boa	ard of birectors, mereby accept the		PL of changin ient as regis	ng its restered	egistered offic Lagent. Lam
63 CU NEW S Pursuant to or registere familiar with NATURE	SMYRNA B o the provised ad agent, or i h, and accep Signature typed of D LAVA	EACH FL 32168 ons of Sections 607.0502 ooth, in the State of Flori t the obligations of, Sect operated name of registered agon OFFICERS AN	da. Such cha tion 607.0505 t and little if applica	ange was authori 5, Florida Statute able. (N RS	2220 by the 35. 2016: Register 13 1.1 1.2	84 DOVE-IN COPPO ed Agent TITLE NAME	named corpo oration's boa	ard of birectors, mereby accept the		DATE	ng its restered	egistered offic l agent. I am DRS IN 12
63 CU NEW S Pursuant to or registere familiar with NATURE s ET ADDRESS	SMYRNA B o the provision ad agent, or h h, and accept Signature typed of D LAVA 63 CU	EACH FL 32168 ons of Sections 607.0602 ooth, in the State of Flori t the obligations of, Sect operated name of registered agon OFF#CERS AN	da. Such cha tion 607.0505 t and little if applica	ange was authorn 5, Florida Statute anie. M RS D£LETE	22ed by the 35. 113 1.1 1.2 1.3 1.4	84 DOVE-IT COPPO Ed Agent TITLE NAME STREET CITY-S	ADDRESS	ard of birectors, mereby accept the		DATE IS AND DIF	ng its ra stered	egistered offic agent. I am DRS IN 12
63 CU NEW S	SMYRNA B o the provise ad agent, or h h, and accep Signature typed o D LAVA 63 CL NEW D	EACH FL 32168 Ins of Sections 607.0502 both, in the State of Flori t the obligations of, Sect or protect name of rocistered agent OFFIDERS AN LLEE, RONALD P. JNNINGHAM DR. SMYRNA BEACH FL	da, Such cha kion 607.050 and the it applied ID DIRECTOR	ange was authori 5, Florida Statute able. (N RS	12ed by the as. 10TE: Registere 13 1.1 1.2 1.3 1.4 2.1	84 DOVE-IN COPPO Ed Agent TITLE NAME STREET CITY-S TITLE	ADDRESS	ard of birectors, mereby accept the		DATE	ng its ra stered	egistered offic l agent. I am DRS IN 12
63 CU NEW S	SMYRNA B o the provise ad agent, or h h, and accep Signature typed o D LAVA 63 Cl NEW D LAVA	EACH FL 32168 Ins of Sections 607.0502 both, in the State of Flori t the obligations of, Sect or need name of recistered again OFFIDERS AN LLEE, RONALD P. JNNINGHAM DR. SMYRNA BEACH FL LLEE, JACQUELINE A	da, Such cha kion 607.050 and the it applied ID DIRECTOR	ange was authorn 5, Florida Statute anie. M RS D£LETE	22ed by the 35. 10TE Registere 13 1.1 1.2 1.3 1.4 2.1 2.2	84 corpo torpo TITLE NAME STREET CITY-S TITLE NAME	ADDRESS	ard of birectors, mereby accept the		DATE IS AND DIF	ng its ra stered	egistered offic agent. I am DRS IN 12
63 CU NEW S	SMYRNA B o the provise ad agent, or h h, and accep Signature typed c D LAVA B C LAVA B C LAVA B C LAVA B C LAVA	EACH FL 32168 Ins of Sections 607.0502 both, in the State of Flori t the obligations of, Sect or protect name of rocistered agent OFFIDERS AN LLEE, RONALD P. JNNINGHAM DR. SMYRNA BEACH FL	da. Such cha tion 607.050 I and Inte it applica ID DIRECTOF	ange was authori 5, Florida Statute anie. M RS DELETE	2200 by the 35. 2011: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4	84 DOVE - 11 COTPO Address TITLE NAME STREET TITLE NAME STREET CITY - S	ADDRESS	ard of birectors, mereby accept the		DATE IS AND DIF CI	ng its restered	egistered offic agent. I am DAS IN 12 Addition
63 CU NEW S	SMYRNA B o the provise ad agent, or h h, and accep Signature trosed of D LAVA B C LAVA B C LAVA B C LAVA B C C C C C C C C C C C C C C C C C C	EACH FL 32168 Ins of Sections 607.0502 both, in the State of Flori t the obligations of, Sect opented name of registered agen OFFIDERS AN ULEE, RONALD P. JNNINGHAM DR. SMYRNA BEACH FL ULEE, JACQUELINE A JNNINGHAM DR.	da. Such cha tion 607.050 I and Inte it applica ID DIRECTOF	ange was authorn 5, Florida Statute anie. M RS D£LETE	2200 by the 35. 2011: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1	84 B4 B4 B4 B4 COPC COPC B4 B4 COPC B4 B4 B4 B4 B4 B4 B4 B4 B4 B4	ADDRESS	ard of birectors, mereby accept the		DATE IS AND DIF	ng its restered	egistered offic agent. I am DRS IN 12
63 CU NEW S Pursuant to or registere familiar with NATURE S ST-2IP E E E ADDRESS -ST-7IP E	SMYRNA B o the provise ad agent, or h h, and accep Signature trosed of D LAVA B C LAVA B C LAVA B C LAVA B C C C C C C C C C C C C C C C C C C	EACH FL 32168 Ins of Sections 607.0502 both, in the State of Flori t the obligations of, Sect opented name of registered agen OFFIDERS AN ULEE, RONALD P. JNNINGHAM DR. SMYRNA BEACH FL ULEE, JACQUELINE A JNNINGHAM DR.	da. Such cha tion 607.050 I and Inte it applica ID DIRECTOF	ange was authori 5, Florida Statute anie. M RS DELETE	2200 by the 35. 2011: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2	84 ad Agent Corpo TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME	ADDRESS	ard of birectors, mereby accept the		DATE IS AND DIF CI	ng its restered	egistered offic agent. I am DAS IN 12
63 CU NEW S Pursuant to or registere familiar with NATURE S S1-ZIP E E L ADDRESS -S1-ZIP	SMYRNA B o the provise ad agent, or h h, and accep Signature trosed of D LAVA B C LAVA B C LAVA B C LAVA B C C C C C C C C C C C C C C C C C C	EACH FL 32168 Ins of Sections 607.0502 both, in the State of Flori t the obligations of, Sect opented name of registered agen OFFIDERS AN ULEE, RONALD P. JNNINGHAM DR. SMYRNA BEACH FL ULEE, JACQUELINE A JNNINGHAM DR.	da. Such cha tion 607.050 I and Inte it applica ID DIRECTOF	ange was authori 5, Florida Statute anie. M RS DELETE DELETE	2200 by the 35. 2015: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4	84 ed Agenti Tifle NAME STREET CITY-S Tifle NAME STREET TITLE NAME STREET CITY-S	ADDRESS	ard of birectors, mereby accept the		DATE IS AND DIF C	ng its red RECTCC hange hange	egistered offic agent. I am DRS IN 12 Addition
63 CU NEW S Pursuant to or registere familiar with NATURE S S1-2IP E E1 ADDRESS -S1-7IP E E1 ADDRESS -S1-7IP E E1 ADDRESS -S1-7IP	SMYRNA B o the provise ad agent, or h h, and accep Signature trosed of D LAVA B C LAVA B C LAVA B C LAVA B C C C C C C C C C C C C C C C C C C	EACH FL 32168 Ins of Sections 607.0502 both, in the State of Flori t the obligations of, Sect opented name of registered agen OFFIDERS AN ULEE, RONALD P. JNNINGHAM DR. SMYRNA BEACH FL ULEE, JACQUELINE A JNNINGHAM DR.	da. Such cha tion 607.050 I and Inte it applica ID DIRECTOF	ange was authori 5, Florida Statute anie. M RS DELETE	2200 by the 35. 2011: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3.4	84 ed Agenti TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME	ADDRESS	ard of birectors, mereby accept the		DATE IS AND DIF CI	ng its red RECTCC hange hange	egistered offic agent. I am DAS IN 12 Addition
63 CU NEW S Pursuant to or registere familiar with NATURE S S1-2IP E E1 ADDRESS -S1-7IP E E1 ADDRESS -S1-7IP E E1 ADDRESS -S1-2IP E	SMYRNA B o the provise ad agent, or h h, and accep Signature trosed of D LAVA B C LAVA B C LAVA B C LAVA B C C C C C C C C C C C C C C C C C C	EACH FL 32168 Ins of Sections 607.0502 both, in the State of Flori t the obligations of, Sect opented name of registered agen OFFIDERS AN ULEE, RONALD P. JNNINGHAM DR. SMYRNA BEACH FL ULEE, JACQUELINE A JNNINGHAM DR.	da. Such cha tion 607.050 I and Inte it applica ID DIRECTOF	ange was authori 5, Florida Statute anie. M RS DELETE DELETE	2200 by the 35. 2011: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 3.3 3.4 4.1 4.2 3.3 3.4 4.1 4.2 3.3 3.4 4.1 4.2 3.3 3.4 4.1 4.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.4 4.1 3.2 3.3 3.4 4.1 3.2 3.3 3.4 4.1 3.4 4.1 3.2 3.3 3.4 4.1 3.4 4.1 3.2 3.3 3.4 4.1 3.4 4.1 3.4 3.4 3.4 3.4 3.4 4.1 3.4 3.4 3.4 4.1 3.4 3.4 3.4 4.1 3.4 3.4 4.1 3.4 3.4 4.1 3.4 4.1 3.4 4.1 3.4 4.1 3.4 4.1 3.4 4.1 3.4 4.1 4.4 4.1 4.4 4.1 4.4 4.4 4	84 COPPO COPPO TIFLE NAME STREET TIFLE NAME STREET CITY-S TIFLE NAME STREET TIFLE NAME STREET TIFLE NAME STREET TIFLE NAME	ADDRESS IT-ZIP T ADDRESS T-ZIP	ard of birectors, mereby accept the		DATE IS AND DIF C	ng its red RECTCC hange hange	egistered offic agent. I am DRS IN 12 Addition
63 CU NEW S Pursuant to or registere familiar with NATURE S S1-ZIP S1-ZIP S1-ZIP	SMYRNA B o the provise ad agent, or h h, and accep Signature trosed of D LAVA B C LAVA B C LAVA B C LAVA B C C C C C C C C C C C C C C C C C C	EACH FL 32168 Ins of Sections 607.0502 both, in the State of Flori t the obligations of, Sect opented name of registered agen OFFIDERS AN ULEE, RONALD P. JNNINGHAM DR. SMYRNA BEACH FL ULEE, JACQUELINE A JNNINGHAM DR.	da. Such cha tion 607.050 I and Inte it applica ID DIRECTOF	ange was authori 5, Florida Statute anie. M RS DELETE DELETE	2200 by the 35. 2011: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 3.4 4.1 4.2 4.3 3.4 4.1 4.2 4.3 3.4 4.1 4.2 4.3 3.4 4.3 3.4 4.4 4.4 4.4 4.4	84 COPPO COPPO TIFLE NAME STREET TIFLE NAME STREET CITY-S TIFLE NAME STREET TIFLE NAME STREET TIFLE NAME STREET TIFLE NAME	ADDRESS T-ZIP T ADDRESS T-ZIP	ard of birectors, mereby accept the		C	ng its ri Stered RECTO hange hange	egistered offic agent. I am DRS IN 12 Addition Addition
63 CU NEW S Pursuant to or registere familiar with NATURE s S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP	SMYRNA B o the provise ad agent, or h h, and accep Signature trosed of D LAVA B C LAVA B C LAVA B C LAVA B C C C C C C C C C C C C C C C C C C	EACH FL 32168 Ins of Sections 607.0502 both, in the State of Flori t the obligations of, Sect opented name of registered agen OFFIDERS AN ULEE, RONALD P. JNNINGHAM DR. SMYRNA BEACH FL ULEE, JACQUELINE A JNNINGHAM DR.	da. Such cha tion 607.050 I and Inte it applica ID DIRECTOF	ange was authori 5, Florida Statute anie. M RS DELETE DELETE	2200 by the 35. 2011: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1	84 ed Agent TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME	ADDRESS T-ZIP T ADDRESS T-ZIP	ard of birectors, mereby accept the		C	ng its red RECTCC hange hange	egistered offic agent. I am DRS IN 12 Addition
63 CU NEW S Pursuant to or registerer amiliar with IATURE s SI 2/P I ADDRESS SI 2/P I ADDRESS SI 2/P I ADDRESS SI 2/P	SMYRNA B o the provise ad agent, or h h, and accep Signature trosed of D LAVA B C LAVA B C LAVA B C LAVA B C C C C C C C C C C C C C C C C C C	EACH FL 32168 Ins of Sections 607.0502 both, in the State of Flori t the obligations of, Sect opented name of registered agen OFFIDERS AN ULEE, RONALD P. JNNINGHAM DR. SMYRNA BEACH FL ULEE, JACQUELINE A JNNINGHAM DR.	da. Such cha tion 607.050 I and Inte it applica ID DIRECTOF	ange was authori 5, Fiorida Statute anie. (M RS DELETE DELETE DELETE	2200 by the 35. 2011: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2	84 ad Agent Tirle NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ard of birectors, mereby accept the		C	ng its ri Stered RECTO hange hange	egistered offic agent. I am DRS IN 12 Addition Addition
63 CU NEW S Pursuant to or registerer amiliar with IATURE s f ADDRESS 51-2IP f ADDRESS 51-2IP f ADDRESS 51-2IP f ADDRESS 51-2IP	SMYRNA B o the provise ad agent, or h h, and accep Signature trosed of D LAVA B C LAVA B C LAVA B C LAVA B C C C C C C C C C C C C C C C C C C	EACH FL 32168 Ins of Sections 607.0502 both, in the State of Flori t the obligations of, Sect opented name of registered agen OFFIDERS AN ULEE, RONALD P. JNNINGHAM DR. SMYRNA BEACH FL ULEE, JACQUELINE A JNNINGHAM DR.	da. Such cha tion 607.050 I and Inte it applica ID DIRECTOF	ange was authori 5, Fiorida Statute anie. (M RS DELETE DELETE DELETE	2200 by the 35. 2011: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 4.1 4.2 4.3 4.1 4.2 4.3 4.4 5.1 5.2 5.3	84 ad Agent Tirle NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S STREET CITY-S	ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ard of birectors, mereby accept the		C	ng its ri Stered RECTO hange hange	egistered offic agent. I am DRS IN 12 Addition Addition
63 CU NEW S Pursuant to or registerer amiliar with IATURE s f ADDRESS 51-2IP f ADDRESS 51-2IP f ADDRESS 51-2IP f ADDRESS 51-2IP	SMYRNA B o the provise ad agent, or h h, and accep Signature trosed of D LAVA B C LAVA B C LAVA B C LAVA B C C C C C C C C C C C C C C C C C C	EACH FL 32168 Ins of Sections 607.0502 both, in the State of Flori t the obligations of, Sect opented name of registered agen OFFIDERS AN ULEE, RONALD P. JNNINGHAM DR. SMYRNA BEACH FL ULEE, JACQUELINE A JNNINGHAM DR.	da. Such cha tion 607.050 I and Inte it applica ID DIRECTOF	ange was authori 5, Fiorida Statute anie. (M RS DELETE DELETE DELETE	2200 by the 35. 2011: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4	84 ad Agent Tirle NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ard of birectors, mereby accept the		CATE	ng its ri Stered RECTO hange hange	egistered offic agent. I am DRS IN 12 Addition Addition
63 CU NEW S Pursuant to or registerer amiliar with IATURE s SI ADDRESS SI - ZIP I ADDRESS SI - ZIP I ADDRESS	SMYRNA B o the provise ad agent, or h h, and accep Signature trosed of D LAVA B C LAVA B C LAVA B C LAVA B C C C C C C C C C C C C C C C C C C	EACH FL 32168 Ins of Sections 607.0502 both, in the State of Flori t the obligations of, Sect opented name of registered agen OFFIDERS AN ULEE, RONALD P. JNNINGHAM DR. SMYRNA BEACH FL ULEE, JACQUELINE A JNNINGHAM DR.	da. Such cha tion 607.050 I and Inte it applica ID DIRECTOF	ange was authori 5, Fiorida Statute anie. (N RS DELETE DELETE DELETE DELETE	2200 by the 35. 2011: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1 6.2	84 COPPC COPC COPC TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME NAME STREET NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	ard of birectors, mereby accept the		CATE	ng its restered	egistered offic lagent. I am DRS IN 12 Addition Addition
63 CU NEW S Pursuant to pr registerer amiliar with IATURE s 1 ADDRESS 51- ZIP 1 ADDRESS 51- ZIP 1 ADDRESS 51- ZIP 1 ADDRESS 51- ZIP 1 ADDRESS 51- ZIP	SMYRNA B o the provise ad agent, or h h, and accep Signature trosed of D LAVA B C LAVA B C LAVA B C LAVA B C C C C C C C C C C C C C C C C C C	EACH FL 32168 Ins of Sections 607.0502 both, in the State of Flori t the obligations of, Sect opented name of registered agen OFFIDERS AN ULEE, RONALD P. JNNINGHAM DR. SMYRNA BEACH FL ULEE, JACQUELINE A JNNINGHAM DR.	da. Such cha tion 607.050 I and Inte it applica ID DIRECTOF	ange was authori 5, Fiorida Statute anie. (N RS DELETE DELETE DELETE DELETE	2200 by the 35. 2011: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 4.1 2.2 2.3 3.4 3.1 4.1 3.2 3.3 4.4 5.1 5.2 5.3 5.4 6.1 6.2 6.3	84 COPPC COPC COPC TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME NAME STREET NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	ard of birectors, mereby accept the		CATE	ng its restered	egistered offic lagent. I am DRS IN 12 Addition Addition