Zip Country Zip Country 5. Certificate of Status Dosired \$8.75 Addition ARCELIN, LUIS 7. Name and Address of Current Registered Agent Name MARCELIN, LUIS Street Address (PO. Box Number is Not Acceptable) 2731 NW 104 CT Street Address (PO. Box Number is Not Acceptable) 28. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Tam familiar with, and the obligations of registered agent. SIGNATURE City FL Zip Code Signature, typed or printed name of registered agent. (NOTE Hegatered Agent signature registered Agent signature registered Agent signature registered agent, or both, in the State of Florida. Tam familiar with, and the display of printed name of registered agent. DATE Signature, typed or printed name of registered agent and the if applicable. (NOTE Hegatered Agent signature registered Agent signature registered agent, or both, in the State of Florida. Tam familiar with, and the of applicable. Signature, typed or printed name of registered agent. Internation of registered agent. DATE Signature, typed or printed name of registered agent. Internation of registered agent. DATE Signature, typed or printed name of registered agent. Internation of registered Agent signature registered agent. DATE Internating t	. Entity Name	MENT # V290			Secretary 02-14-2003 9023:		
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