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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	office or registered a agent 1 am familiar IGNATURE E Ignature typ ALLIE, Storature typ ALLIE, Storature typ ALLIE, State 18440 t HUDSO ILE PSD CLARK, 18440 t HUDSO ILE PSD CLARK, 18440 t HUDSO ILE HUDSO ILE PSD CLARK, 18440 t HUDSO ILE HUDSO ILE HUDSO ILE HUDSO ILE PSD ILE HUDSO ILE H	agent, or both, in the State with, and accept the obliga OFFICERS ANI STEVE U.S. 19 NORTH IN FL , DAVID U.S. 19 NORTH	of Florida. Such change was a ations of, Section 607.0505, Flo ent and title it applicable (NOTI D DIRECTORS	as, the above-named co uthorized by the corpor rida Statutes. Registered Agert signature req 13 , 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ation's board of directors. I hereby ac	FL	ts registered registered