DECLARATION OF FLORIDA DOMICILE

To: Clerk of the Circuit Court, Alachua County, Florida PO BOX 600, GAINESVILLE, FL 32602

This is my declaration of domicile in the State of Florida that I am filing this day in accordance and in conformity with Section 222.17 Florida Statutes.

FOR DOMICILIARIES OF THE STATE OF FLORIDA:

	Street Address		Apt	
			, FLORIDA	
	City	County		Zip
places of abode in some State of Florida constitu	e other state or states, I her	reby declare that my principal home, and l	nent home, and if I maintain above-described residence a I intend to continue it perma State of Florida.	and abode
I formerly resided at:				
	Street Address			
	<u> </u>	~	919	
	City	County	State/Country	Zip
sity county and state of			ces of abode are as follows (list street
city, county and state o	f any other place or places			list street a
city, county and state o		of abode): (Signa	ture)	list street a
State of Florida	f any other place or places	of abode): (Signa		list street a
State of Florida County of	f any other place or places	of abode): (Signa (Printe	d Name)	
State of Florida County of	f any other place or places	of abode): (Signa (Printe	d Name)	
State of Florida County of	f any other place or places	of abode): (Signa (Printe	ture) d Name)	
State of Florida County of	f any other place or places	of abode): (Signa (Printe	d Name)	
State of Florida County of	n to and subscribed before	of abode): (Signa (Printe	d Name)	or pa
State of Florida County of	n to and subscribed before	of abode): (Signa (Printe	d Name) day of is personally known to me	or p