## 674774

(Requestor's Name)						
(Address)						
(Address)						
(Addi	1035)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Busi	iness Entity Na	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						
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Cheberts WAY 08 2016





National Registered Agents, Inc. 10985 Cody Street Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

## National Registered Agents, Inc.

... "NRAI, the best choice for statutory representation"

April 28, 2006

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Florida Change of Agent

Dear Sir/Madam,

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed Business Reply Envelope.

Thank you in advance for your cooperation in this matter.

Very truly yours,

Lisa Reeves

Enclosure - Check

## **COVER LETTER**

Amendment Section

TO:

SUBJECT. ABC Dis	pensing Technologi	es, Inc.*********	****		
SUBJECT: ABC Dispensing Technologies, Inc.************************************					
DOCUMENT NUMBE	R:	674774			
The enclosed Statement	of Change of Registered Off	ice/Agent and fee are submitt	ted for filing.		
Please return all correspo	ondence concerning this mat	ter to the following:			
	Lisa I	Reeves			
(Name of Contact Person)					
National Registered Agents, Inc.					
	(Firm/	Company)			
	10985 Cody	Street, Ste 210	•		
	(Ac	idress)			
		ark, KS 66210			
	•	and Zip Code)			
For further information of	oncerning this matter, please	e call:			
	a Reeves	at ( <u>913</u> ) (Area Code & Dayti	754-0637		
(Name of	Contact Person)	(Area Code & Dayti	me Telephone Number)		
Enclosed is a \$35.00 che	ck made payable to the Depa	artment of State.			
1	Mailing Address: Amendment Section	Street Address: Amendment Sec	ution		
	Division of Corporations	Division of Cor			
	P.O. Box 6327	Clifton Building	*		
•	Fallahassee, FL 32314	2661 Executive	<b>-</b>		

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

_	•		607.1508, or 617.1508, Flowed under the laws of the State			
			ed agent, or both, in the State			
1. The name of the corporation: ABC Dispensing Technologies, Inc.************************************						
2. The principal o	. The principal office address: 9101 W. Sahara Ave Ste. #105-250 , Las Vegas, NV 89117					
3. The mailing ad	dress (if different)	•				
4. Date of incorpo	oration/qualificatio	n: 6/25/1980	Document number: ABC			
5. The name and a Florida Depart		e current registered age	ent and registered office on fi			
<u>-</u>		Michael Su	llivan			
		430 SE 3rd	Place	TARY O		
-		Deerfield Beach,	FL 33441	AY-2 PH 3:50 AY-2 PH 3:50 AHASSEE, FLORIDA ed office		
6. The name and (if changed):	street address of th	e new registered agent	(if changed) and /or registere	ed office Pri		
		NRAI Servic	es, Inc.			
	273	1 Executive Parl	k Drive, Suite 4			
•		(P.O. Box NOT acceptable)	00004	<del></del>		
-		Weston, FL	33331	<del></del>		
The street address as changed will be	ss of its registered be identical.	office and the street ac	ddress of the business office	e of its registered agent,		
Such change was	authorized by researd, or the cor	solution duly adopted l poration has been noti	by its board of directors or lifed in writing of the chang	by an officer so e.		
Ariff (Signature	e of an officer or director	<del>,                                      </del>	JOSEPH ARCAPO -	- Telegraphic -		
I hereby accept to I further agree to of my duties, and document is bein	he appointment as comply with the p I I am familiar wil g filed merely to r	s registered agent and	agree to act in this capacity es relative to the proper an ation of my position as regi registered office address, I	y. d complete performance		
	ves, Assistant Se		4/28/	06.		
If signing on beh	alf of an entity:	•	/ (Dags)			
- <del>-</del>	egistered Age	ents. Inc.				
	ped or Printed Name)					

\* \* \* FILING FEE: \$35.00 \* \* \*