	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
	(4.1), 2.2.0.2.2		
PICK-UP	P WAIT MAIL		
_			
	(Business Estate Name)		
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
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Special Instructions to Filing Officer:			
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Office Use Only



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S. CHATHAM AUG 1 U 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 927488 8420649

AUTHORIZATION :

COST LIMIT : \$735.00

ORDER DATE : August 9, 2023

ORDER TIME : 12:37 PM

ORDER NO. : 927488-004

CUSTOMER NO: 8420649

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## CHANGE OF AGENT

NAME: NAZCO ENTERPRISES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

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

		2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ution organized under the laws of the State of MD
		e or registered agent, or both, in the State of Florida.
1. The name of	the corporation: NAZCO ENTE	RPRISES, INC.
	office address: 6 Cessna Cou	
3. The mailing a	address (if different):	
4. Date of incom	poration/qualification: 02/21/2	2012 Document number: F12000000800
5. The name and		egistered agent and engistered office on 61- with the
	INCORP SERVICES, INC.	ter resigned)
	3458 LAKESHORE DRIVE	13.19
	TALLAHASSEE, FL 32312	
6. The name and (if changed):	i street address of the new regin	stered agent (if changed) and /or registered office
	Corporation Service Compa	ny
	1201 Hays Street	•
		P.O. Box NOT acceptable
	Tallahassee	FL 32301
The street addre	ess of its registered office and be identical.	the street address of the business office of its registered agent
Such change wa authorized by th	as authorized by resolution due board, or the corporation ha	ly adopted by its board of directors or by an officer so is been notified in writing of the change.
_Home	tin Hyanan	Harutiun Nazarian, Treasurer
, , ,	e of an officer of director	Printed or typed name and title
I hereby accept I further agree t of my duties, an document is beit corporation has Corporation	the appointment as registered to comply with the provisions of I am familiar with and accent field merely to reflect a child been notified in writing of this Service Company	l agent and agree to act in this capacity. of all statutes relative to the proper and complete performanc of the obligation of my position as registered agent. Or, if thi ange in the registered office address, I hereby confirm that th is change.
	ature of Registered Ageny	08/09/2023
If signing on bel	·	Date
Grace E. Kirby.	Asst. Vice President	
	med or Printed Name	<del></del>

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327. TALLAHASSEE, FL 32314
CR2E045 (04/13)