

5/12/22, 2:45 PM

Division of Corporations

**F 1800000375**

Florida Department of State  
 Division of Corporations  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**REGISTERED AGENT CHANGE**

**NUVOLA, INC.**

Certificate of Status	0
Certified Copy <b>SILAS</b>	1
Page Count <b>MAY 13 2022</b>	02
Estimated Charge	\$43.75

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: NUVOLA, INC.
- 2. The principal office address: 3150 SABRE DR MD 9105  
SOUTHLAKE TX, 76092-2103
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 08/10/2018 Document number: F18000003754
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Juan Carlos Abello  
110 EAST BROWARD BLVD STE 1700  
FORT LAUDERDALE, FL 33301

- 6. The name and street address of the new registered agent: (if changed) and /or registered office (if changed):

C T Corporation System  
1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] Steve Milton Secretary  
Signature of an officer or director Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

By: [Signature] C T Corporation System 5/12/2022  
Signature of Registered Agent Date

If signing on behalf of an entity:  
Lisa D Dubois, Asst. Secretary  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
 CR2E.045 (04/15)