## NO9000010173

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,
(City/State/Zip/Phone #)
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## COVER LETTER

Division of Corporations
SUBJECT: The National Community Networks Name of Corporation
DOCUMENT NUMBER: NO900010173
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
The National Community Network
PO Box 903 Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (203) 453 4097 of 863  Area Code & Daytime Telephone Number 257-530 2
Enclosed is a \$35.00 check made payable to the Department of State

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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Amendment Section

## 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, to statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: The National Community Hetwo 2. The principal office address: 917 Ave A Alon PANK Fl. 33825	<u>K</u>	Inc
3. The mailing address (if different): PD. Box 903		<del></del>
Allon Pane Ft 33826	····	
4. Date of incorporation/qualification: 10/30   2009   Document number: No 90000	01'	7.3
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)		
Frank P. Jones		
917 Ave A		<u> </u>
Avlon Paric Pl. 33825	5 JUL	Keisi/
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	20 PM	FILED TARY OF OF SORE
- Ela williams	<del></del>	0.5
923 Ave A	34	
P.O. Box NOT acceptable  P.O. Box NOT acceptable  33835		
The street address of its registered office and the street address of the business office of its registere as changed will be identical.	ed agei	nt,
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 of an officer or director  Frinted 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 regist agent. Or, if this document is being filed merely to reflect a change in the registered office address hereby confirm that the corporation has been notified in writing of this change.	ered :, I	
Signature of Registered Agent 7/16/2015		
If signing on behalf of an entity:		
EIIA WILLIAMS		

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