

(Address)	500162192845			
(City/State/Zip/Phone #)	11/02/0301018018 **35.00 -			
(Business Entity Name)	man of the second secon			
(Document Number)				
-: Certified Copies Certificates of Status	Contraction of the State of the			
Special Instructions to Filing Officer	2009 N SECRI			

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COVER LETTER

TO: Amendmer Division of	nt Section Corporations		
SUBJECT:	National Sou Name of 0	rcing, Inc. Corporation	
DOCUMENT NU	MBER: P05	000068542	
The enclosed States	nent of Change of Registered Offic	ce/Agent and fee are submitted	l for filing.
Please return all con	rrespondence concerning this matte	er to the following:	
	Karen (Goodrich	
•	Name of Co	ontact Person	
		ourcing, Inc.	
	Thuy	ompuny	
	8402 Laurel	Fair Cir # 207	
		dress	
	Tampa,	FL 33610	
	City/State a	FL 33610 Ind Zip Code	
	kgoodrich@natio	nalsourcing.com	
	E-mail address: (to be used for	future annual report notifica	tion)
For further informa	tion concerning this matter, please	call:	
	Angelus Tem	042	004 0005
Nan	Angelus Tam ne of Contact Person	at (813) Area Code & Daytime	Telephone Number
		·	•
Enclosed is a \$35.0	0 check made payable to the Depar	tment of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	on
	Division of Corporations	Division of Corpo	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive C	Center Circle
	,	Tallahassee, FL 3	

TO:

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

statement of cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Flo ed under the laws of the Stat ed agent, or both, in the Stat	te of Flo	orida		
	the corporation: Natio				10		
2. The principal	office address: 8402 L	aurei Fair Circle	e, Suite 207, Tampa, F	-L 330	10		
3. The mailing a	address (if different):						
4. Date of incorp	poration/qualification:	02/14/2005	Document number:	P0	5000	06854	2
	d street address of the curtiment of State: (If resign		nt and registered office on fi	ile with	the		
	Bracciale, Stepher	n R					
	8402 Laurel Fair C	Circle Suite 207					
	Tampa, FL 33610			Ž	38 38	2009	
6. The name and (if changed):	d street address of the ne	w registered agent (if changed) and /or registere	ed office	CRETARY	2009 NOV -2	T
	Goodrich, Karen						П
	8402 Laurel Fair C	P.O. Box NOT ac				2: 0	2286
	Tampa, FL 33610	F.O. BOX NOT ax	жераше	·	Ď.	Ω	
The street address changed will	ess of its registered office be identical.	ce and the street ad	dress of the business office	e of its ı	registe	ered age	ent,
			y its board of directors or lied in writing of the chang				
- Richar Signatu	Thatton		Richard T St	anton e and title	VP		_
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as reg to comply with the prov ad I am familiar with an ing filed merely to reflet s been notified in writin	istered agent and a isions of all statute d accept the obliga et a change in the r g of this change.	agree to act in this capacit es relative to the proper an ation of my position as regi registered office address, I	y. d comp istered d hereby	lete pe agent. confir	erforma Or, if rm that	nce this the
_ Kar	en Hooduc inature of Registered Agent		10/28/	09			_
If signing on be	chalf of an entity:						
Karer	600drich						

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