P17000069792

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
•		





300421745473

01/22/24--01021--004 **35.00



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: NDB SALES, INC. Name of Corporation	
DOCUMENT NUMBER: P17000069792	
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	eter to the following:
DYANNA S. BRUNO	
Name of Contact Person	
NDB SALES, INC	
Firm/Company	
6682 VIA REGINA	
Address	
BOCA RATON, FL 33433	
City/State and Zip Code	
NDBSALESINC@GMAIL.COM	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, pleas	e call:
DYANNA S. BRUNO	. 954 638-5675
Name of Contact Person	at ()638-5675 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	artment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	2413 IV. MOINOC SHEEL, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: NDB SALES, INC.
2. The principal office address: 6682 VIA REGINA, BOCA RATON, FL 33433
3. The mailing address (if different):
4. Date of incorporation/qualification: 08/18/2017 Document number: P17000069792
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)
NATALEE BRUNO
6205 BALBOA CIRCLE, APT 305
BOCA RATON, FL 33433
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
DYANNA RIZUNO
6682 VIA REGINA P.O. Box NOT acceptable
BOLA RATON, PL 33433
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.
NATALEE BRUNO
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 performanc of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if thi 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.
Signature of Registered Agent Date
If signing on behalf of an entity:
DYANNA S. BRUNO
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

00