519353

(Req	uestor's Name)			
(Ádd	ress)			
(Add	ress)			
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

4.70



300149857223

04/15/09--01009--010 **35.00

War of

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Amendment Section Division of Corpo				
SUBJE	ECT:	Nodarse 8	& Associates		
			(Name of Cor	poratio	n)
DOCU	MENT NUMBER	<u>: 879553</u>			
The en	closed Statement of	Change of R	egistered Office/A	Agent a	nd fee are submitted for filing.
Please	return all correspon	dence concer	ning this matter to	o the fo	llowing:
		Leila Jar	nmal Nodarse,		
			(Name of Conta	act Pers	on)
		Nodorgo	& Associates	. Tna	
		Noualse	(Firm/Com	•	··•
			(Minicon	ipany)	
		1675 Lee	e Road		
			(Addre	ss)	· · · · · · · · · · · · · · · · · · ·
		Winter I	Park, FL 327		
			(City/State and	Zip Co	de)
For fur	ther information co	ncerning this	matter, please cal	II:	
	Darlene Bra	dley, VP		at (407 740-6110 ext. 118
	(Name of C	Contact Perso	n)	(A	rea Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check	c madė payab	le to the Departm	ent of S	State.
	<u>M</u>	lailing Addre mendment S	ess:		Street Address: Amendment Section
		ivision of C O. Box 632	•		Division of Corporations Clifton Building
		allahassee, F			2661 Executive Center Circle
	-	··			Tallahassee, FL 32301

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

statement of change is submitted for	ns 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this r a corporation organized under the laws of the State of Florida stered office or registered agent, or both, in the State of Florida.				
1. The name of the corporation:	Nodarse & Associates, Inc.				
2. The principal office address:					
	Winter Park, FL 32789				
3. The mailing address (if different)	same as above				
4. Date of incorporation/qualification	on:9/11/1991 Document number: \$79553				
5. The name and street address of the Florida Department of State: (If r	ne current registered agent and registered office on file with the resigned, enter resigned)				
L	eila Jammal Nodarse, P.E.				
5	10 Genius Drive				
W	inter Park, FL 32789				
Winter Park, FL 32789 6. The name and street address of the new registered agent (if changed) and /or registered office of the first o					
The street address of its registered as changed will be identical.	office and the street address of the business office of its registered agent,				
Such change was authorized by reauthorized by the board, or the co	solution duly adopted by its board of directors or by an officer so reporation has been notified in writing of the change. Maureen Boettger, SVP, CFO				
I furthér agrée to comply with the	provisions of all statutes relative to the proper and complete performance th and accept the obligation of my position as registered agent. Or, if this reflect a change in the registered office address, I hereby confirm that the priting of this change. (Date)				
	* * * FILING FEE: \$35.00 * * *				
	CKS PAYABLE TO FLORIDA DEPARTMENT OF STATE OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314				