Division of Corporations



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(((H20000024746 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one oracle and

Email Address:

## REGISTERED AGENT CHANGE N-IX USA INC.

Certificate of Status	0
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JAN 23 2020

To: 18506176380 From: 12147128131 Date: 01/22/20 Time: 10:26 AM Page: 02/02

## $(((\mbox{H}20000024746\ 3)))$ statement of change of registered office or registered agent or both for corporations

	-	502, 607.1508, or 617.1508, Florida Statutes, thi anized under the laws of the State of New York	S	
		istered agent, or both, in the State of Florida.		
1. The name of	the corporation: N-IX USA INC.			
	office address: 9500 Koger Blvd. N., 105	5, St. Petersburg, FL 33702		
	2.42 12112714 3.371231	HE Caire 1000 New York MV 10016		
	address (if different): 347 FIFTH AVEN	OB, Stille 1009, New York, NY 10010		
4. Date of incor	poration/qualification: 03/23/2016	Document number: F16000001558		
	d street address of the current registered rtment of State: (If resigned, enter resig	l agent and registered office on file with the med)	2020 JAN 22	
	IVAN PESIN	F8	A	
	9500 Koger Blvd. N., 105	HARY		
	St. Petersburg, FL 33702	SEE. S	<b>A</b>	
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office	AH 10: 20	
	LEGALINC CORPORATE SERVICES	INC.		
	5237 SUMMERLIN COMMONS BLVD, SUITE 400			
	PO Box NOT acceptable FORT MYERS, FL 33907			
The street address changed will	ess of its registered office and the stre l be identical.	et address of the business office of its registered	d agent,	
Such change w authorized by the	as authorized by resolution duly adopt he board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.		
	A.	Ivan Pesin, President		
Signatu	reol an othicer or director	Frinted or typed name and little	<del></del>	
l further agrée of my duties, ar document is be	t the appointment as registered agent of to comply with the provisions of all st and I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chang	atutes relative to the proper and complete perfo bligation of my position as registered agent. O the registered office address, I hereby confirm	ormance r, if this that the	
$\bigcap$	angur di Registered Agent	12/20/2019		
Sig	gnature of Registered Agent	Date		
lf signing on be	chalf of an entity:			
Nancy Luna				
T	yped or Printed Name			
	* * * FILING I	FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)