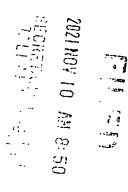
# F20000001740

(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:				

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2021 NOV 10 PM 20.5

## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



#### ORDER FORM

**TO** Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

**REQUEST DATE** 11/10/2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 964908

ORDER ENTITY\_

NO-DES, INC.

### PLEASE PERFORM THE FOLLOWING SERVICES:

NO-DES, INC. (FL)

File the attached change of agent document

NOTES:

\$35.00 Authorized

Email address for annual report reminders: professional@harborcompliance.com

#### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

statement of cha	nge is submitted for a corpo	$502$ , 617.0502, 607.1508, or 617.1508, Florida Station organized under the laws of the State of $\frac{Ne}{2}$ fice or registered agent, or both, in the State of Fla	ew Mexico	
1. The name of t	the corporation: NO-DES, Inc	<b>:</b> .		
2. The principal	office address: 1860 Bosque	Farms Blvd, Bosque Farms, NM 87068		
3. The mailing a	ddress (if different): 5838 N	W 170th Ave, Portland, OR 97229		
		2020 Document number: F20000001	740	
5. The name and		registered agent and registered office on file with		
	United States Coporation Age	ents, Inc.		
	5575 S. Semoran Blvd., STE	36	202 Stět	
	Orlando, FL 32822		SECRETITION TO	:
6. The name and (if changed):	I street address of the new re	gistered agent (if changed) and /or registered offic		
	Registered Agents Inc.		လွှဲ	أبيد
	7901 4th St N STE 300			
	P.O. Box NOT acceptable St. Petersburg FL 33702			
The street address changed will	ess of its registered office ar	nd the street address of the business office of its	registered	agent.
_		duly adopted by its board of directors or by an o has been notified in writing of the change.		
[s] Christina Bentley		Christina Bentley, Treasurer		
I hereby accept I further agree of of my duties, an document is bei	to of an officer or director  the appointment as register to comply with the provision of I am familiar with and ac- ing filed merely to reflect a of the been notified in writing of	Printed or typed name and title red agent and agree to act in this capacity. Is of all statutes relative to the proper and composition as registered change in the registered office address. I hereby this change.		mance if this rat the
Rice Hame		11/09/2021		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Bill Havre				
T	yped or Printed Name			

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