SIGNATURE: JOHN MILLS

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P02000017840

Entity Name: NMI ASSOCIATES, INC.

## **Current Principal Place of Business:**

**10 WINDSORMERE WAY** SUITE 500 OVIEDO, FL 32765

### **Current Mailing Address:**

PO BOX 622151 OVIEDO, FL 32762-2151

## FEI Number: 04-3608765

### Name and Address of Current Registered Agent:

MILLS, JOHN **10 WINDSORMERE WAY** SUITE 500 OVIEDO, FL 32765 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# SIGNATURE:

# **Officer/Director Detail :**

Title	D	Title	DIRECTOR
Name	MILLS, PAMELA J	Name	MILLS, JOHN
Address	PO BOX 622151	Address	PO BOX 622151
City-State-Zip:	OVIEDO FL 32762-2151	City-State-Zip:	OVIEDO FL 32762-2151

Electronic Signature of Registered Agent

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 01/10/2014 DIRECTOR

# FILED Jan 10, 2014 Secretary of State CC0945635140

Certificate of Status Desired: No

Date

Date