DOCUMENT# P05000061807

Entity Name: NETFLEXION, INC.

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

1262 DR. MARTIN LUTHER KING JR. ST NORTH ST PETERSBURG, FL 33705

## **Current Mailing Address:**

1262 DR. MARTIN LUTHER KING JR. ST NORTH ST PETERSBURG, FL 33705

# FEI Number: 20-2269270

#### Name and Address of Current Registered Agent:

BRAUN, RONALD W 1262 DR. MARTIN LUTHER KING JR. ST NORTH ST PETERSBURG, FL 33705 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:

Electronic Signature of Registered Agent

### Officer/Director Detail :

	Title	PD	Title	VD
	Name	BRAUN, RYAN W	Name	BRAUN, BONNIE A
	Address	4305 W. EMPEDRADO STREET	Address	1163 SNELL ISLE BLVD NE
	City-State-Zip:	TAMPA FL 33629	City-State-Zip:	ST PETERSBURG FL 33704
	Title	STD	Title	VD
	Title Name	STD BRAUN, RONALD W	Title Name	VD BRAUN, ROBYN A
		BRAUN, RONALD W 1262 DR. MARTIN LUTHER KING JR.		
	Name	BRAUN, RONALD W	Name	BRAUN, ROBYN A
	Name	BRAUN, RONALD W 1262 DR. MARTIN LUTHER KING JR.	Name Address	BRAUN, ROBYN A 1163 SNELL ISLE BLVD. NE

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.

SIGNATURE: RONALD W BRAUN

REGISTERED AGENT 04/17/2014

Electronic Signature of Signing Officer/Director Detail

## FILED Apr 17, 2014 Secretary of State CC3748304143

Date

Certificate of Status Desired: No