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		Division of Corporations	<u></u>	JUH HUC
	_	Fax Number : (850)617-6380	ASSEE.	125
~	From:		- 10 A	
0	· .	Account Name : NRAI SERVICES, LLC		Ni,
ö	لي · •	Account Number : I20080000104	دن نسم	_
	٠	Phone : (302)674-4089		ç
AN 10:		Fax Number : (302)674-5266		မ္မ
JUN 25		he email address for this business entity to be used for future wal report mailings. Enter only one email address please.**		
2021	Enai	il Address: dmv@potamkinfamily.com		

REGISTERED AGENT CHANGE DOCUMENTATION CORP.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.

1. The name of the corporation: Documentation Corp.

2. The principal office address: 5800 NW 171st Street

Miami, FI 33015

3. The mailing address (if different): ______

4. Date of incorporation/qualification: 01/04/1979 _____ Document number: 599103

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

David Yusko

5800 NW 171st Street

Miami, FI 33015

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT scoutsble

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

or directo

VP John Rhodes Pruted or typed name and blie

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutes, and I am familiar with and accept the obligation of my position as registered agent. Or if this accument is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. NRAI Services, loc

By:

Signature of Registered Agent

6/23/2021

Dete

If signing on behalf of an entity: CITH Ct N

Typed or Printed Nume

* * * FILING 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)

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