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SECHETARY OF STATE
ALLAHASSEE, FINDERA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NUCLEUS 140	of Alien Business Organization)
Dear Sir or Madam:	
The enclosed Statement of Change of Regis fee(s) are submitted for filing.	tered Agent/Registered Office for Alien Business Organization and
Please return all correspondence concerning	this matter to the following:
PATRICK BAYS	
(Name of Person)	-
NUCLEUS 140LD	INGS INC.
(Firm/Company)	
569 HERITAGE (Address)	OAKS CT.
(Address)	
TARPON SPRING	s, FC 34689
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
PATRICK BAYS a	(727) 938 · 4497 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
\$35.00 Filing Fee	\$43.75 Filing Fee & Certified Copy

INHS23 (08/05)

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT: NUCLEUS 1-10LD INGS, /NC 2001 (Name of alien business organization) (Principal office address) 6. Name and address of registered agent and office currently on record with this office: 7. New registered agent and/or office address: PATRICK (Note: Registered office must be a Florida street address) 8. The street address of the registered office and the street address of the business office of the registered agent are identical. 9. Such change was authorized by the board of directors or an officer of the corporation so authorized by the board of directors. nature of chairman, vice chairman, or officer) 12. Signature of new registered agent, if applicable: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

FILING FEE: \$35.00

MAY 9714, 2006

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314