F0200001666

(Requestor's Name)	_		
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(Address)	_		
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(Document Number)			
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SECRETARY OF STATE

FILED



COVER LETTER

TO: Amendme Division o	ent Section of Corporations				
SUBJECT: NOVAMIL CORPORATION Name of Corporation					
· · · · · · · · · · · · · · · · · · ·					
DOCUMENT NUMBER: F0200001666					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	-				
	JODY MOL	JA			
Name of Contact Person					
PARACORP INCORPORATED					
Firm/Company					
PO BOX 160568					
-	Address				
	SACRAMENTO	CA 95816			
	SACRAMENTO, CA 95816 City/State and Zip Code				
City/butto and Zip Code					
paracorpsac@myparacorp.com					
E-mail address: (to be used for future annual report notification)					
For further inform	nation concerning this matter, please call	:			
	JODY MOUA	at (888) 418-8863 Area Code & Daytime Telephone Number			
Na	me of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

CR2E045 (03/12)

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

	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
	change is submitted for a corporation organized under the laws of the State of DE	
	order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name o	of the corporation: Novamil Corporation	
2. The princip	pal office address: 5168 DON RODOLFO CARLSBAD, CA 92010	
	2150 SW 10TH STREET SUITE D	
	ng address (if different): 2150 SW 10TH STREET SUITE B RFIELD BEACH FL 33442	
	corporation/qualification: 12/27/93 Document number: F02000001666	
5. The name a	and street address of the current registered agent and registered office on file with the epartment of State: (If resigned, enter resigned)	
	PARACORP INCORPORATED	
	626 EAST 6TH AVENUE	
	TALLAHASSEE, FL 32303	* =
6. The name as (if changed)	and street address of the new registered agent (if changed) and /or registered office	FILED FILED
	236 East 6th Avenue	5
	P.O. Box NOT acceptable Tallahassee, FL 32303	
The street add as changed wi	ldress of its registered office and the street address of the business office of its registered agent, vill be identical.	
Such change value of authorized by	was authorized by resolution duly adopted by its board of directors or by an officer so y the board, or the corporation has been notified in writing of the change.	
Huel	ROBERT E. MILHOUS Printed or typed name and title	
1 1 1	ept the appointment as registered agent and agree to act in this capacity, ee to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered this document is being filed merely to reflect a change in the registered office address, I my that the corporation has been notified in writing of this change.	
Jul 1	NINH HO ASST. SECRETARY 6/13/14 Signature of Registered Agent Date	
If signing on b	behalf of an entity:	
	ssistant Secretary, PARACORP INCORPORATED	
	Typed or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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