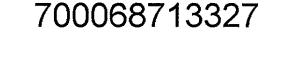
F04000004848

(Requestor's Name)						
(Address)						
(Ac	ldress)					
(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
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* Moberts APR 0 4 2006

COVER LETTER

TO:	Amendment S Division of C	lection orporations	
			NCI, Inc.
SUBJ	EC J :	(Name	of Corporation)
DOC	UMENT NUM	BER:I	F04000004848
The en	closed Stateme	nt of Change of Registered (Office/Agent and fee are submitted for filing.
Please	return all corre	spondence concerning this m	natter to the following:
		Joseph W. Nelson, Jr.	
		(Name o	f Contact Person)
		NCI, Inc.	
		(Fin	n/Company)
		I 19 Two Pine Drive	
		(Address)
		Greenacres, Florida 33413 (City/Sta	te and Zip Code)
For fu	ther information	n concerning this matter, ple	• ,
	oseph W. Nelso	-	at (561) 202-5050 (Area Code & Daytime Telephone Number)
Enclos	ed is a \$35.00 c	heck made payable to the Do	epartment of State.
	,	Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Simple Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

			0502, 607.1508, or 617.1508, F ganized under the laws of the Si			
in ora	ier to change its r	egistered office or rej	gistered agent, or both, in the St	tate of Florida.		
1. The name of	f the corporation:	NCI, Inc.				
2. The principal office address: 119 Two Pine Drive, Greenacres, Fl 33413						
3. The mailing	address (if differe	ent):				
4. Date of inco	rporation/qualific	8/24/04	Document number:	F04000004848		
	nd street address our artment of State:	of the current registere	ed agent and registered office on	i file with the		
	Joseph W. Nel	lson , Jr.				
	11750 St. And	rews Place #201				
	Wellington, Fl	33414				
6. The name an (if changed):		J	agent (if changed) and /or registe	ered office		
	119 Two Pine			FLOR		
	117 1 1101 1115	(P.O. Box NOT accept	able)			
	Greenacres, Fl	33413				
The street addr	ess of its register l be identical.	red office and the str	eet address of the business offi	ice of its registered agent,		
Such change wanthorized by t	ras authorized by	resolution duly ador corporation has been	pted by its board of directors of inotified in writing of the char	r by an officer so age.		
	the or an ornoer or dire		Insenh W No			
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment to comply with the nd I am familiar ing filed merely in 5, been notified in	t as registered agent he provisions of all s with and accept of to reflect a change in writing of this chan	and agree to act in this capac tatutes relative to the proper a obligation of my position as re, i the registered office address, ige.	ity, ind complete performance gistered agent. Or, if this I hereby confirm that the		
// <u>/</u> (S	enature of Registered	Agent)	3/24/0/ (Date)	6		
if signing on bo	chalf of an entity	:	,,			
Joseph,	W. Nelson Ir. Typed or Printed Name					
,	without on a richbor (400)100	7	TOTEL, COE AO 4 4 4			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)