

F05000005578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

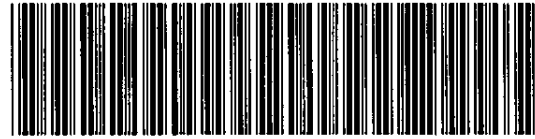
(Business Entity Name)

(Document Number)

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14 MAR 25 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 26 2014

C. CARROLLERS

*Bay State Corporate Services, Inc.  
Six Beacon Street, Ste. 510  
Boston, MA 02108  
617-742-8484 phone*

March 18, 2014

Enclosed you will find (1) Corporate Change of Agent filing(s) for

*FL-505*

Subject name(s): Encartele, Inc.

Please file the attached Corporate filing(s) upon receipt. A check in the amount of \$35.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Thank you in advance for your assistance.

Sincerely,

Jessica Burnell

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Encartele, Inc.  
\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F05000005578  
\_\_\_\_\_

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:

Suzanne Cryan  
\_\_\_\_\_  
Name of Contact Person

Bay State Corporate Services  
\_\_\_\_\_  
Firm/Company

6 Beacon Street  
\_\_\_\_\_  
Address

Boston, MA 02108  
\_\_\_\_\_  
City/State and Zip Code

scryan@baystatecorp.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Cryan at ( 617 ) 742-8484  
\_\_\_\_\_  
Name 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

**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 Nebraska in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Encartele, Inc.
2. The principal office address: 8210 S. 109 St., La Vista, NE 68128
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/19/2005 Document number: F05000005578

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)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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 acceptable

Plantation, Florida 33324

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 14 MAR 25 PM 1:30  
 RECEIVED

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.

Scott Moreland Signature of an officer or director      Scott Moreland, President Printed or typed name and title

*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 duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

By: Suzanne T. Cryan Signature of Registered Agent      2/26/14 Date

If signing on behalf of an entity:

Suzanne T. Cryan

Typed or Printed Name

\*\*\* 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 (03/12)