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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Northern Technologie Name of Co	es Group, Inc.	
	Name of Co.	rporation	
DOCUMENT NUM	BER: F060	00005272	
The enclosed Statem	ent of Change of Registered Office/	Agent and fee are submit	ted for filing.
Please return all corr	espondence concerning this matter t	o the following:	
_	Wendy H Name of Cont	lafner	
	Name of Cont	act Person	
	Northern Techno	Nortes Group	
_	Firm/Con		 -
	5425 Beaumont Cent	er Blvd., Suite 912	
	Addre	SS	
	Tanana Eladi	4- 00004	
_	Tampa, Florid City/State and	Zip Code	
	wondy hofres	Natalit anna	
E	wendy.hafner@ -mail address: (to be used for fut	grigit.com ure annual report notifi	cation)
	•	•	•
For further information	on concerning this matter, please cal	1:	
	John Hafana	004	
	John Hafner of Contact Person	at (904) Area Code & Daytin	755-8555 ne Telephone Number
Enclosed is a \$35.00	check made payable to the Departm	ent of State.	
	Mailing Address: Amendment Section	Street Address; Amendment Se	ction
	Division of Corporations	Division of Co	
	P.O. Box 6327	Clifton Buildin	•

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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

Pursuant to the statement of cha	mge is subn		rporation or	ganized	under the l	aws of the	e State of L	ousiana	· · · · · · · · · · · · · · · · · · ·	
1. The name of t	he corporat	ion: North	ern Tech	nolog	ies Grou	up, Inc	•			
2. The principal				-	•			Florida	33634	
3. The mailing a	ddress (if d	fferent):								_
4. Date of incorp	oration/qua	lification:	5/7/200	2	_ Document	t number:	F0	600000	5272	
5. The name and Florida Depart		ite: (If resign			and register	red office	on file with	the		
	1369 Ro	berts Rd.								
	Jackson	ville, Florid	a 32259					Š- ā.		
6. The name and (if changed):	street addre	ess of the nev	v registered a	gent (if	changed) as	nd /or reg	istered offic	ALL AH	2011 FEB	
	Wendy I	lafner	· · · · · · · · · · · · · · · · · · ·				 	43	7-1	1
	5425 Be	aumont Ce	enter Blvd. P.O. Box						A	1
	Tampa,	FL 33634						E H	9: _	•
The street addre	ss of its reg be identica	istered offic	e and the str	eet add	ress of the b	ousiness o	office of its	عبر registered	agent,	
Such change was authorized by the	s authorize le board, or	d by resoluti	on duly ador ion has been	notifie			_			
Signatur	e of an officer	or director			Jo Pr	hn Hafr	ner, President title	ident		
I hereby accept I further agree t of my duties, an document is bein corporation has	the appoint to comply w d I am fami ng filed me been notifi	tment as regi vith the provi lliar with and rely to reflec led in writing	stered agent sions of all s i accept the t a change ir g of this chan	and ag tatutes obligate the re	ree to act i relative to lon of my p gistered off	n this cap the prope osition as ice addre	pacity. er and comp s registered ess, I hereby	olete perfo agent. Or confirm t	rmance r, if this hat the	
We	udy	Haf	res	_		2/4	1/2011			
Sign If signing on be	half of an e	ered Agent / entity:				Di	ate			
	Wendy H	lafne <u>r</u>								
Τ ₃	ped or Printed		* * FILING	FEE:	\$35.00 * *	*				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314