

FD6000005272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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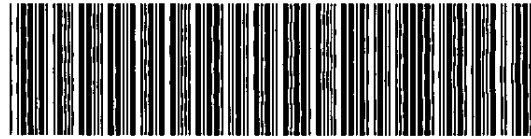
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

C. Lewis  
9-24-14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Northern Technologies Group, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F06000005272

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:

Wendy Hafner

Name of Contact Person

Northern Technologies Group, Inc.

Firm/Company

P.O. Box 540

Address

Lutz, Florida 33548-0540

City/State and Zip Code

Wendy.Hafner@ntgit.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Hafner

Name of Contact Person

at ( 813 ) 885-7500

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

1. The name of the corporation: Northern Technologies Group, Inc.
2. The principal office address: P.O. Box 540, Lutz, Florida 33548-0540
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: May 2002 Document number: F06000005272
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)

Wendy Hafner

5425 Beaumont Center Blvd., Suite 900

Tampa, Florida 33634

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Wendy Hafner


19029 N. Dale Mabry Hwy.

P.O. Box NOT acceptable

Lutz, Florida 33548

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.

  
Signature of an officer or director

Wendy Hafner, 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.*

  
Signature of Registered Agent

9/12/2014

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

14 SEP 17 AM 10:15  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA