

FD8000004578

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
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Lewis
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ergomatrix-Uni-Systems Inc.
Name of Corporation

DOCUMENT NUMBER: F08000004578

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:

CLINT BALLARD
Name of Contact Person

ERGOMATRIX-UNI-SYSTEMS INC.
Firm/Company

848 N RAINBOW BLVD 2231
Address

LAS VEGAS NV 89107-1103
City/State and Zip Code

clintb@unifiller.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLINT BALLARD at (604) 940-2233
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 Nevada in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ergomatix-Uni-Systems Inc.
2. The principal office address: 848 N. RAINBOW BLVD #2231, LAS VEGAS, NV 89107
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/22/2008 Document number: F08000004578

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)

NRAI SERVICES, INC.

1200 South Pine Island Road

Plantation, FL 33324

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

14 SEP 19 AM 11:24
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

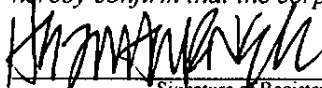
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

KUNO KURSCHNER, PRES
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

September 8, 2014

Date

If signing on behalf of an entity:

Heather Nee on behalf of Incorp Services, Inc.
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