

F10000001474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

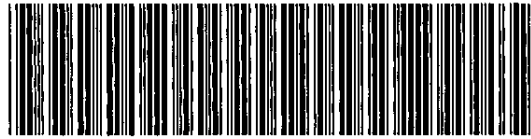
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/21/12--01006--015 **35.00

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JUN -7 PM 12:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 11 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2012

JASON NICKO
NICKO CONSTRUCTION INC
15760 AZURITE CT N W
RAMSEY, MN 55303

SUBJECT: NICKO CONSTRUCTION INC
Ref. Number: F1000001474

We have received your document for NICKO CONSTRUCTION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 812A00015011

2110001
STATE OF FLORIDA
CORPORATION

2012 JUN 11 AM 10:51

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WAY OF PAING

30551

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Nicko Construction Inc.

DOCUMENT NUMBER: F10000001474

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Nicko
(Name of Contact Person)
Nicko Construction Inc.
(Firm/ Company)
15760 Azurite Ct. NW
(Address)
Ramsey, MN 55303
(City/ State and Zip Code)

For further information concerning this matter, please call:

Jason Nicko at (612) 701-0771
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

1. The name of the corporation: Nicko Construction Inc
2. The principal office address: 15760 Azurite Ct. NW
Ramsey, MN 55303
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5-18-12 Document number: P12000046502

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)

In Balance Inc.
12268 Tamiami Trl. E STE 301
Naples, FL 34113

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

Contractor Licensing Inc
601 East Elkcam Circle Suite 304
P.O. Box NOT acceptable
Marcu Island, FL 34145

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TALLAHASSEE, FLORIDA

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]
Signature of an officer or director

JASON NICKO
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]
Signature of Registered Agent

6/1/2012
Date

If signing on behalf of an entity:

David Taber
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)