

F1500000100Z

(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:

\* Original Qualif.  
accepted w/o proper  
E/A Signature;  
Doc. filed at no charge.

Office Use Only

*M. J. Adzilis*



000278353130

FILED  
15 OCT 27 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]* 10/27/15

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SLK AMERICA, INC.

Name of Corporation

**DOCUMENT NUMBER:** F15000001002

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:

Loretta McCool

Name of Contact Person

Unisearch, Inc.

Firm/Company

325 13th St NE Ste 404

Address

Salem, OR 97301

City/State and Zip Code

MURTHY.CHERALA@SLK-SOFT.COM

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

For further information concerning this matter, please call:

Loretta McCool

800 554-3113 x1010

Name of Contact Person

at ( ) 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

CR2ED45 (03/12)

**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: SLK AMERICA INC.
2. The principal office address: 507 WEXFORD CT. SAINT CHARLES, IL 60175
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/9/2015 Document number: F15000001002

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)

NATIONAL REGISTERED AGENTS, INC.

1200 SOUTH PINE ISLAND RD

PLANTATION, FL 33324

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 FL 33324


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

B.R. JAYARAMAN, SECRETARY  
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:   
Signature of Registered Agent

10-19-2015

Date

If signing on behalf of an entity:

Loretta A McCool, Assistant Secretary

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)