

F15000001927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

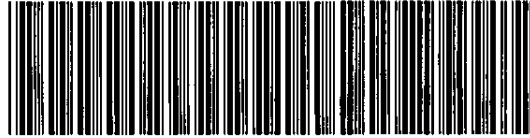
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2016 AUG 15 PM 2:34

Aug. 26, 2016
C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2016

WILLIAM T. ANDERSON / WILLIAM T. ANDERSON PA
101 NE 3RD AVE SUITE 1500
FT LAUDERDALE, FL 33301 US

SUBJECT: NORTHLION CORPORATION
Ref. Number: F15000001927

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

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FOREIGN CORPORATION. Please complete and return the enclosed blank form(s).

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

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

Carolyn Lewis
Regulatory Specialist II

Letter Number: 616A00015683

COVER LETTER

TO: Amendment Section
Division of Corporations

16 AUG 26 PM 12:45

SUBJECT: Northlion Corporation
Name of Corporation

DOCUMENT NUMBER: F15000001927

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:

William J. Anderson
Name of Contact Person

William J. Anderson P.A.
Firm/Company

101 NE 3rd Ave. Suite 1500
Address

Ft. Lauderdale FL 33301
City/State and Zip Code

Bill @ William Anderson.biz
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William J Anderson at (954) 332 3744
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 British Virgin Islands in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: North Lion Corporation
2. The principal office address: 1199 W. Camino Real
Boca Raton, FL 33486
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 3/26/2015 Document number: F15000001927
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)
Resigned

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

William J. Anderson P.A.
101 NE 3rd Ave., Suite 1500
P.O. Box NOT acceptable
Fort Lauderdale FL 33301

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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

Erik S. Hendgers
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

8/23/2016
Date

If signing on behalf of an entity:

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)