## F21000002980

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
,							
(Document Number)							
(Cocament Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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04/08/33--010/3--067 \*\*/10.00

J 5/10/2022

## **COVER LETTER**

c .

TO:	Amendment Section Division of Corporations	•
	ECT: NOVATIONS SOLUTIONS USA, INCof Corporation	C.
DOC	UMENT NUMBER: F21000002980	
The e	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
Hanna	a Wolf or Joshua Ginter	
Name	of Contact Person	
Agile	Legal	
Firm/0	Company	
651 N	. Broad Street, Suite 308	
Addre	SS	
	etown, DE 19709	
City/S	tate and Zip Code	
	compliance@agilelegal.com	
E-ma	il address: (to be used for future annua	l report notification)
For fu	rther information concerning this matter, p	please call:
Hanna	Wolf or Joshua Ginter	376-6710
	Name of Contact Person	at ( 302 ) 376-6710  Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office or	n organized	under the laws of the S	State of Dela	ware	
1. The name of t	he corporation: NOVATIONS SO	LUTIONS L	ISA, INC.			
2. The principal	office address: 16540 POINTE VII	LLAGE DR.	STE. 201 LUTZ, FL 33	3558		
3. The mailing a	ddress (if different): 16540 POIN	TE VILLAG	E DR., STE. 201 LUTZ.	, FL 33558		
		Document number: F21000002980				
5. The name and	I street address of the current registment of State: (If resigned, enter	stered agent				
	Global Virtual Agent Services, Inc			17		
	1408 Harbour Walk Road			TALI	2022 APR -8	-
	Tampa, FL 33602				PR -1	Tara a
6. The name and (if changed):	street address of the new register	red agent (if	changed) and /or regist	tered office	PH	
	Universal Registered Agents, Inc.				2:44	
	1317 California Street					
		P.O. Box NOT	acceptable			
	Tallahassee, FL 32304			<del></del>		
The street addre as changed will	ss of its registered office and the be identical.	street addr	ess of the business off	ice of its reg	gistered	agent,
Such change wa authorized by th	s authorized by resolution duly a board, or the corporation has b	adopted by i een notified	ts board of directors of in writing of the chai	or by an officinge.	cer so	
	Notices_	М	eighan Leon, Secretary			
Signatur	e of an officer or director	_	Printed or typed no	ame and title		
I further agree I of my duties, an document is beil corporation has	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	gent and agr all statutes i the obligation ge in the reg shange.	ree to act in this capac relative to the proper of on of my position as re istered office address,	city. and complet egistered ag Thereby co	'e perfoi ent. Or onfirm ti	rmance if this hat the
Sign	nature of Registered Agent	_	Date	~		
If signing on be	half of an entity:					
Ту	ped or Printed Name	_				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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