fa1000003153

(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.					
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SECRETARY OF STATE TALLAHASSEE, FL

FILED
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COVER LETTER

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Amendment Section Division of Corporations

SUBJECT: Removal of existing Registered Agent		
Name of Corporation		
DOCUMENT NUMBER: F21000003153		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fili	ıng.	
Please return all correspondence concerning this matter to the following:		
Anthony Chillino		
Name of Contact Person		
The Nu-Age Group, Inc.		
Firm/Company	S	20
11954 Narcoossee Road Suite 182	TA A	24
Address		S S
Orlando FL 32832	£Z.	1
City/State and Zip Code	SS	7
achillino@thenuagegroup.us	SE F	3
E-mail address: (to be used for future annual report notification)	SECRETARY OF STATE TALLAHASSEE, FL	7: 42
For further information concerning this matter, please call:	1.,	
Anthony Chillino at (845) 474-8095		
Name of Contact Person Area Code & Daytime Teleph	one Numb	er

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 The Centre of Tallahassee 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	nge is submitted	d for a corporation (7.0502, 607.1508, or 617.1508, Florida Statute or ganized under the laws of the State of Florida registered agent, or both, in the State of Florida	ì.	_	
1. The name of t	he cornoration:	The Nu-Age Group.	. Inc.			
2. The principal Orlando FL 3283	office address:_	11954 Narcoossee Ro	oad Suite 182			
3. The mailing a	ddress (if differ				_	
4. Date of incorp	oration/qualific	cation: April 2014	Document number: F21000003153			
		of the current registe (If resigned, enter re	ered agent and registered office on file with the esigned)			
	Sunshine Corpo	orate Filings LLC				
	7901 4th St N S	STE 300		S	دم	
	St. Petersburg.	FL 33702			2024 NOV -7	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office		ECRETARY OF ST TALLAHASSEE, I			
	The Nu-Age Gr	roup, Inc.		SEE.	7	
	11954 Narcoos	see Road Suite 182		AM 7: 42 OF STATI SSEE, FL		
	Orlando FL 328		P.O. Box NOT acceptable	ריין		
The street addre	ess of its registe be identical.	ered office and the s	street address of the business office of its regi	stered age	ent,	
Such change wa authorized by th	s authorized by se board, or the	y resolution duly ad corporation has be	lopted by its board of directors or by an office en notified in writing of the change.	er so		
Antho	ony Chillis	10	Anthony Chillino			
Signatur I hereby accept I further agree to of my duties, and document is bei	the appointment of comply with dispersion of the	ector nt as registered age the provisions of al with and accept th	Printed or typed name and title and agree to act in this capacity. It statutes relative to the proper and complete we obligation of my position as registered agents in the registered office address, I hereby contange.	performo nt. Or if firm that	ince this the	
Ant	hony Chille	lino	10/28/24			
2(8)	nature of Registered	Agent	Date		_	
If signing on be	half of an entity	y:				
Anthony Chilling)					
T	yped or Printed Nam	e				

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