12/16/21, 5.12 PM

Division of Corporations

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(((H21000458793 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE NCC GROUP (AMERICAS) INC.

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To: 18506176380 From: 12147128131 Date: 12/17/21 Time: 1:14 AM Page: 02/02

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of of Florida.		_
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00003946		
with the		
l office	TALLAHASSEE, FLORIDA	2021 DEC 17 AHII: 08
of its regis	tered age	nt,
an officer	so	

STATEMEN FOR CORPO		O OFFICE OR REGISTERED AGENT (((H21	OR BOTH 000458793 3)))
Pursuant to the	provisions of sections 607.0502, 617.0	0502, 607.1508, or 617.1508, Florida Statute	zs, this
statement of ch	ange is submitted for a corporation org	ganized under the laws of the State of	
DEin ord	ler to change its registered office or reg	istered agent, or both, in the State of Florida	7,
1. The name of	the corporation: NCC Group (Americas	i) Inc.	
2. The principa	el office address:		
650 California S	St, Ste 2950, San Francisco, California, 94	108	
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 07/13/2021	Document number: F21000003946	
	nd street address of the current registere artment of State: (If resigned, enter resigned	d agent and registered office on file with the gned)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		2021 DEC 17
	PLANTATION, FL 33324		EC 17
6. The name an (if changed):	*	gent (if changed) and /or registered office	7 AHII: 08 Y UF STATE EE FLORIDA
	LEGALINC CORPORATE SERVICE	S INC.	I: Q
	5237 SUMMERLIN COMMONS BLV	D. SUITE 400	. ω
	P.O.	Box NOT acceptable	
	FORT MYERS, FL, US, 33907		
The street addi	ress of its registered office and the stre Il be identical.	cet address of the business office of its regis	stered agent.
Such change wauthorized by t	vas authorized by resolution duly adop the board, or the corporation has been	eted by its board of directors or by an office notified in writing of the change.	er so
N	ick Rowe	Nick Rowe, President	
	ture of an officer or director	Printed or typed name and title	
I furthër agree of my dutiës, a document is be	ind I am familiar with and accept the o	tatutes relative to the proper and complete obligation of my position as registered ager I the registered office address, I hereby con	it. Or. if this
()	Ω_{α}	12/16/21	
Si	gnature of Registered Agent	Dute	
	1 36 6		

If signing on behalf of an entity:

ANNA MANUKYAN

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 (04/13)