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			_

Division of Corporations

Fax Number : (850)617-6380

From:

To:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone : (888)705-7274

Fax Number

: (888)706-7274

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

r11	Address.
PMALL	DUULDE C.

REGISTERED AGENT CHANGE **NELSON BACH USA LTD. INC**

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COVER LETTER

Amendment Section Division of Corporations TO:

NELSON BACH USA LTD. INC SUBJECT: Name of Corporation F22000005830 DOCUMENT NUMBER: 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:	
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:	
Please return all correspondence concerning this matter to the following:	
Many Captilla	
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company 22	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	2011 2 TEA 12 TEA 13 TEA 14 TEA 14 TEA 15 TEA 16 TE
Address	-121
Austin, Texas 78735	ت تم
City/State and Zip Code	
Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification)	้. - า
For further information concerning this matter, please call:	
Mary Castillo	
Name of Contact Person at (888) 705-7274 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Street Address:	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

وفقال [—] وفقال [—]

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

	provisions of sections 607,0502, 61 unge is submitted for a corporation of				-	etts_
in orde	r to change its registered office or i	registered	agent, or bot	th, in the State of Flor	ida.	
1. The name of	the corporation: NELSON BAC	HUSA	LTD. INC	<u></u>		
2. The principal	office address: 21 HIGH STRE	EET ST	E 302	-		
NORTH A	ANDOVER, MA 01845					
3. The mailing a	address (if different):				<u> </u>	
4. Date of incorp	poration/qualification: 9/15/2022	2	_ Document	number: F220000	05830	
	d street address of the current register, then the of State: (If resigned, enter re		and registere	ed office on file with t	he	
	TRETTER, BILL					
	1307 CREPE MYRTLE LAN	NE				
	PORT ORANGE		FL	32128	-	2022 OCT -4
6. The name and (if changed):	street address of the new registered	d agent (if	changed) and	d/or registered office	<u>2</u> 2	
	Registered Agent Solu	utions,	Inc.		(7) (°,1 [m] * (m) (°,1	AH
	155 Office Plaza Dr.		Suite A		-i	4H 10: 45
	Tallahassee	O. Box NO	3230°	1	•	<u> </u>
	Tananassec		<u> </u>	<u> </u>		
The street addre as changed will	ess of its registered office and the s be identical.	treet addr	ess of the bu	siness office of its re	gistered ag	gent,
Such change was authorized by th	as authorized by resolution duly ad ne board, or the corporation has been	opted by en notifie	its board of c d in writing c	lirectors or by an offi of the change.	cer so	
1st Simon t	0	Sin	non Hodge		esident	
I hereby accept I further agree to of my duties, an document is being corporation has	the appointment as registered age to comply with the provisions of all a law familiar with and accept the filled merely to reflect a change been notified in writing of this change to the law familiar with a change to the law familiar with a change of this change to the law familiar writing of this change to the law familiar writing of this change to the law familiar writing of the law familiar writing of the law familiar writing of the law familiar writing with the law familiar writing	l statutes e obligati in the res	ree to act in t relative to the on of my pos	e proper and complet ition as registered ag	te perform ent, Or, i onfirm tha	ance f this t the
Hockey	zuOt	1	0/04/2022	2		
Sign	nature of Registered Agent			Date	<u>. </u>	
If signing on bel	half of an entity:					
	Assistant Secretary					
Ty	ped or Printed Name					