Division of Corporations Electronic Filing Cover Sheet

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(((H160000636543)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone

: (850)205-8842 : (850)878-5368 Fax Number

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 **NESS NA, INC.**

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Estimated Charge	\$35.00

MAR 1 4 2016

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Electronic Filing Menu

Corporate Filing Menu

Help

3/11/2016 2:45:51 PN From: To: 8506176380(2/2)

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

statement of cha	nige is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florid n organized under the laws of the State o r registered agent, or both, in the State o	of Pennsylvania
1. The name of	the corporation: NESS NA, INC.		
2. The principal	office address: 1000 TOWN CENT	TER WAY, SUITE 210, CANONSBURG	, PA 15317
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 02/25/1998	Document number: F9800	0001071
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file resigned)	with the
	CORPORATION SERVICE COM	PANY	
	1201 HAYS STREET		_
	TALLAHASSEE, FL 32301		一点
6. The name and (if changed):	-	red agent (if changed) and /or registered	2016 HAR 11 AM 8: LT
	C T Corporation System		
	c/o C T Corporation System, 1200	South Pine Island Road Box NOT acceptable	- 誓 ち
	Plantation, Florida 33324		
The street addre	ess of its registered office and the be identical.	e street address of the business office of	fits registered agent,
Such change was	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by a seen notified in writing of the change.	an officer so
Jucko	ny Vool	Anthony Dodds, Treasurer	
I hereby accept I further agree performance of	to comply with the provisions of a no duties, and I am familiar with	Printed or typed name and gent and agree to act in this capacity, all statutes relative to the proper and chand accept the obligation of my posity to reflect a change in the registered optified in writing of this change.	omplete ion as registered
By: Thom	potation System as Anderson	03/08/2016	
Sig	mature of Registered Agent	Date	
	chalf of an entity:		
	derson, Assistant Sec	cretary -	
ı	yped 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)

Sc. 65/10/3013 William Philips Collins