

LD8000078493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

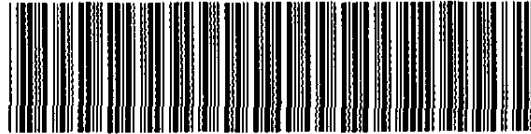
(Business Entity Name)

(Document Number)

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**Malave, Erin**

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**From:** support@floridaincorporator.com  
**Sent:** Friday, November 26, 2010 2:19 AM  
**To:** CorpAddressChange  
**Cc:** floridaincorporator@yahoo.com  
**Subject:** NYLAX LLC - L08000078493 - Request for change of business address  
To Florida Department of State - Division of Corporations - corpaddresschange@dos.state.fl.us,

This is a request for change of address for:

Business Name: NYLAX LLC  
Document Number: L08000078493

The new business address(es) is/are:

Principal Address

5386 Oakmont Village Circle  
Lake Worth FL 33463 US

Mailing Address

5386 Oakmont Village Circle  
Lake Worth FL 33463 US

If you have any questions or concerns, feel free to contact our Support Team at support@floridaincorporator.com.

Best regards,

Support Team  
Florida Incorporator™  
Phone: 1-888-800-9573  
Fax: 1-800-824-4954  
Email: support@FloridaIncorporator.com  
<http://www.FloridaIncorporator.com>

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