## NO3000002759

(Re	equestor's Name)	<del>-</del>
(Ad	ldress)	
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(Cit	ry/State/Zip/Phone	e #)
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OCT 15 2012 OCT 15 2017 T. ROBERTS

## **COVER LETTER**

Division of Corporations
SUBJECT: Note of Corporation  DOCUMENT NUMBER: NO30002759
DOCUMENT NUMBER: N 030000 € 759
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:
Name of Contact Person
Name of Contact Person
V. G.
Firm/Company
2731 Tirean Cielle
Firm/Company  2731 TirerA Circle  Address  Address  City/State and Zip Code  Tony @ UGO2 . OR 9  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
Jony @ UGO2. OR9
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (407 496 6408)  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section  Street Address: Amendment Section
Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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

statement of change is submitted for a corporation organized under the laws of the State of <b>florida</b>
in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation:  Nite de Cloba ( C) of AAC ( NC.
1. The name of the corporation:
2. The principal office address: 18415 11th Aul ORIAND, FLOLIO 32833
3. The mailing address (if different):
4. Date of incorporation/qualification: $3/26/2\infty3$ Document number: $N0300002759$
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Thomasiwa Moore Esq
32035. CONWAY ROOD SUITE 400
OR/AUDO, FC 328/2
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Bu Suzanne Balkett  301 E. Pine St., Ste. 400
301 E. Pino St., Ste. 400
P.O. Box NOT acceptable
Orlando, FZ 32812
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such charge was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of autofficer or director  Authory J Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
May het 10-5-12
Signature of Registered Agent 10-5-12 Date
If signing on behalf of an entity:
Typed or Printed Name

Make Checks Payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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