

NI10000006363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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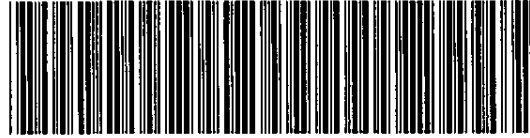
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Network for Neuropathy Support, Inc.
Name of Corporation

DOCUMENT NUMBER: N11000006363

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:

Eugene B Richardson

Name of Contact Person

Network for Neuropathy Support, Inc.

Firm/Company

645 N.E. 19 TH Avenue

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

PRCGENE@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eugene B Richardson

Name of Contact Person

at 954 328 1630

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Network for Neuropathy Support, Inc.
2. The principal office address: 645 NE 19TH Avenue, Fort Lauderdale, FL 33304

3. The mailing address (if different): _____

4. Date of incorporation/qualification: July 5, 2011 Document number: N11000006363

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)

United States Corporation Agents, Inc.

13302 Winding Oaks Blvd, Suite A

Tampa, FL 33612

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Eugene B. Richardson, President, Network for Neuropathy Support, Inc.,

645 NE 19 Avenue, Fort Lauderdale, FL 33304

P.O. Box NOT acceptable

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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 change 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.

Eugene B Richardson
Signature of an officer or director

Eugene B Richardson, President

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.

Eugene B Richardson
Signature of Registered Agent

April 7, 2015

Date

If signing on behalf of an entity:

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 (03/12)