

POLWUC 2201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

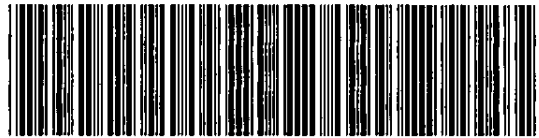
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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11/19/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Net-D-Vision, Inc.
Name of Corporation

DOCUMENT NUMBER: P01000002201

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:

Christopher Duque
Name of Contact Person

Net-D-Vision, Inc.
Firm/Company

7525 West Treasure Dr
Address

North Bay Village, FL 33141
City/State and Zip Code

contact@ndvagency.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Duque at (305) 8569856
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
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: Net-D-Vision, Inc.
2. The principal office address: 407 Lincoln Rd 8R Miami Beach Fl
3. The mailing address (if different): 7525 West Treasure Dr. North Bay Village, Fl 33141
4. Date of incorporation/qualification: 01/05/2001 Document number: P01000002201

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)

Christopher Duque

407 Lincoln Rd 8R Miami Beach Fl

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

Christopher Duque

7525 West Treasure Dr

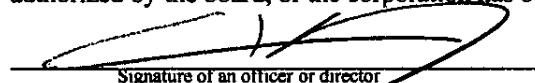
P.O. Box NOT acceptable

North Bay Village, Fl 33141

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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.


Signature of an officer or director

Christopher Duque
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.


Signature of Registered Agent

11/12/09
Date

If signing on behalf of an entity:

Christopher Duque
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 (8/05)