P01000006134

CLASSIC ART MOULD! 3500 45TH ST. UR WEST PALM BEACH, F	ET2			
City/State/Zip	Phone #	=-		

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #) 700004617677 —5
	-10/01/0101039008 *****35.00 *****35.00
3. (Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
(Corporation (value)	
☐ Walk in ☐ Pick up time _	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	AMENDMENTS SR T
	AMENDMENTS Amendment Amendment
Profit Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
U Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark
Annual Report	Foreign
Fictitious Name	Limited Partnership Reinstatement
	Trademark
	Other

CR2E031(7/97)

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

(Typed or Printed Name)	(Capacity)			
If signing on behalf of an entity:				
(Sibrature of Registered Agent)	09-21-01 (Date)			
performance of my duties, and I am familiar with and acceptively agent.				
Having been named as registered agent and to accept service corporation, I hereby accept the appointment as registered if it is a registered in the provisions of all statutes is performance of my duties, and I am familiar with and acceptable.	ce of process for the above stated agent and agree to act in this capacity.			
SALVATORE MITTIER (PRESIDENT) (Printed or typed name and title)				
(Signature of an officer/chairman or vice chairman of the board)	(Date)			
Such change was authorized by resolution duly adopted by is authorized by the board.	its board of directors or by an officer so			
The street address of its registered office and the street addragent, as changed, will be identical.	ess of the business office of its registered			
PALM BEACH, FL. 33480-45	12			
401 PERUVIAN AVE, UNIT X 3	The state of the s			
SALVATORE MITTIEA	STATE OF THE STATE			
5. The name and address of the new registered agent (if change (P. O. Box Not Accept	ged) and/or registered office (if ehanged):			
MADISON, WI 53717	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
8025 EXCELSION DAWE, SUITE 200				
BUSINESS FILINGS INCORPOR	ATED EE O			
4. The name and address of the current registered agent and o	office:			
3. Date of incorporation/qualification:	Document number:			
2. The mailing address of the corporation: 401 PERUL PALM BEACH, FL. 33480 - 4512	MAN AVE, UNIT & 301			
1. The name of the corporation : NATSAL GROUP	INCORPORATED			
submus the following statement in order to change its regist the State of Florida.	erea office or registerea agent, or both, in			
the undersigned corporation organized under the laws of the submits the following statement in order to change its regist				
Pursuant to the provisions of sections 607.0502, 617.0502,	_ ·			