POLOQ09681

NPN Enterprises, Inc. 1805 Rhode Island Ave. Lynn Haven, FL 32444

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Office Use Only

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

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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger REGISTRATION/QUA Foreign Limited Partnership Reinstatement Trademark	ed Agent awal ALIFICATION
	Other	

Examiner's Initials

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,
the undersigned corporation organized under the laws of the State of $\frac{-\int v dx}{\int v dx}$ submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: NPN Entropics, Inc.
2. The mailing address of the corporation: 1805 Rhude Island Ave.
Lynn Haven, FL 32444
3. Date of incorporation/qualification: 1/25/01 Document number: POI 00000 96 81
4. The name and address of the current registered agent and office:
Business Filings Incorporated
1000 W. Avenus, Suite 1114
Miami, FL 33139
5. The name and address of the new registered agent (if changed) and/or registered office (if Arged): (P. O. Box Not Acceptable)
_ Nancy Janos
1805 Rhode Island Avr.
Lynn Haven, FL 32444
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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
Mancy Janos, President / (Printed or typed name and title)
• • •
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
(-),,
* * * FILING FEE: \$35.00 * * *

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