or's Name)					
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Certificates of	Status				
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Office Use Only



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11/03/10--01017--007 **35.00

COVER LETTER

TO: Amendment Section Division of Corpora	tions				
SUBJECT:	Niko-Laos Enter Name of Co	prises, Inc.			
DOCUMENT NUMBER:_	P010	000031978	,		
The enclosed Statement of C	hange of Registered Office	/Agent and fee are submi	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:			
	Samantha Name of Cor	Jackson			
	Name of Cor	nact Person			
Meriam Financial Services, Inc.					
	Firm/Co	mpany			
PO Box 52588					
	Addı	ress			
	Mesa, A				
City/State and Zip Code					
	nycklisa@op	tonline.net			
E-mail a	address: (to be used for fi	iture annual report noti	fication)		
For further information cond	erning this matter, please c	all:			
	a Jackson	at (720)	318-8456 ime Telephone Number		
Name of Cor	ntact Person	Area Code & Dayt	ime Telephone Number		
Enclosed is a \$35.00 check	nade payable to the Depart	ment of State.			
Am Div P.C	iling Address: hendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street Address Amendment S Division of C Clifton Build 2661 Executiv Tallahassee, I	ection orporations ing ve Center Circle		

TO:

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

statement of ch	ange is submitted for a co	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of Florida
	the corporation: Niko- l office address: 6030 H		ses, Inc. Ste 220, Hollywood, F	FL 33024
3. The mailing a	address (if different):	, are		
4. Date of incor	poration/qualification: _	03/29/2001	Document number:	P01000031978
	d street address of the cu rtment of State: (If resign		and registered office on f	ile with the
	SARDINHA, EDU	ARDO		
	3531 EMERALD (DAKS DR		
	HOLLYWOOD FL	33021		10 TALL
6. The name and (if changed):		w registered agent (i	f changed) and /or register	SECRETARY SEE, FLORING BE AND WORLD BE A SECRETARY SEE, FLORING BE A SECRETARY SEE, FL
	SARDINHA, EDU	ARDO		PH 1
	6030 Hollywood Blvd. Ste 220			
	Hollywood, FL 330	P.O. Box NOT ac	ceptable	•
The street addr	ess of its registered office the identical.	ce and the street add	dress of the business office	e of its registered agent,
_			y its board of directors or ed in writing of the chang	
Signatu	ire of an officer or director		EDUARDO S	ARDINHA e and title
I hereby accept I further agree of my duties, a document is be corporation ha	t the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to refle s been notified in writin	ristered agent and a visions of all statute id accept the obliga ct a change in the r g of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y. Id complete performance istered agent. Or, if this hereby confirm that the
	gnature of Registered Agent		10/25/2 Date	010
If signing on bo	ehalf of an entity:	•	The state of the s	
<u></u> 7	Typed or Printed Name	 		

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