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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: N.A.N.M. /NC. (Name of Corporation)
DOCUMENT NUMBER: PO. 1000106618
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:
(Name of Contact Person) N.A. N. M. INC. (Firm/Company) 5500 MILITARY TRANSTE 20187 (Address) Typiter, FL. 33548 (City/State and Zip Code)
· • • • • • • • • • • • • • • • • • • •
For further information concerning this matter, please call:
(Name of Contact Person) at (561) 745-7829 (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 estatement of change is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of Flore DA
in order to change its register	red office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	N.A. W. M. INC.
2. The principal office address: 52	500 MILITARY TRAIL STE 22-187
JUPITER	, FLA.
3. The mailing address (if different):	Same
	Do toon to the
4. Date of incorporation/qualification:	10/26/01 Document number: PO 10001066/
5. The name and street address of the c Florida Department of State:	current registered agent and registered office on file with the
•	DA MORRISON
	DA MORRISON DICITARY TRACE STE 22-187 P, TER, FLA,
<u> </u>	MICHALL STE STE OF
	DITER, FLA,
	new registered agent (if changed) and /or registered office
(if changed):	
_ED.	MILITARY TRACTER STEP 127. O. BOX NOT acceptable) TER, FLA
5500	MILITARY THAT STE TO
Sup.	TER, CLA
	fice and the street address of the business office of its registered agent,
as changed will be identical.	爱女 二
Such change was authorized by resol authorized by the board, or the corpo	oration duly adopted by its board of directors or by an officer or ration has been notified in writing of the change.
DEMAY Monis	on EDITH MORRISSON-PRO
(Signature of an officer or director)	(Printed or typed name and title) egistered agent and agree to act in this capacity.
I further agree to comply with the pro of my duties, and I am familiar with o	egistered agent and agree to act in this capacity. ovisions of all statutes relative to the proper and complete performance and accept the obligation of my position as registered agent. Or, if this lect a change in the registered office address, I hereby confirm that the ting of this change.
document is being filed merely to refl corporation has been notified in writ	lect a change in the registered office address, I hereby confirm that the ing of this change.
D Educat T Morrison	12/21/05
(Signature of Registered Agent)	(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