P01000120642

(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		



700284985287

04/26/16--01035--023 **35.00

SECRETARY OF SWILL
STORE FILED

Office Use Only

APR 2 6 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Change of registered agent		
DOCUMENT NUMBER: POLOCO120642		
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:		
Emily Pratt		
Name of Contact Person		
N-E-R Consulting, Inc.		
4242 NE 2nd Ave Address		
Miami, FL 33137 City/State and Zip Code		
Emily@robba.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Emily Pratt 205 , 572 0203		
Name of Contact Person at (305) 572 0203 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

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: N-E-R Consulting, Inc. 2. The principal office address: 4242 NE 2nd Ave Miami FL 33137
2. The principal office address: 7272 NE 2nd Hue MIAMITE 35137
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/21/2001 Document number: P01000120642
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)
Jade Associates Miami, hc.
100 Biscayne Blud soite 500
Miami, FL 33132
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Emily Pratt
4242 N.E. 2nd Ave P.O. Box NOT acceptable
Miami, FL 33137
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.
Emilio Robba - President 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 4/13/16 Date
If signing on behalf of an entity:
Typed or Printed Name

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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