

P 02 000044180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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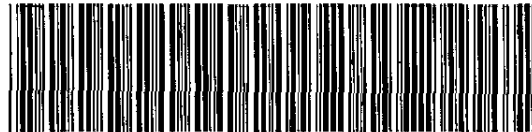
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
05 NOV 30 PM 3:04

RO Change

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NOLTERPHARMA CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P02000044180

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:

MR. ALFRED BAUMELER
(Name of Contact Person)

NOLTERPHARMA CORPORATION
(Firm/Company)

1200 N.W. 17th Avenue, Suite 17
(Address)

Delray Beach, FL 33445
(City/State and Zip Code)

For further information concerning this matter, please call:

MR. ALFRED BAUMELER at (561) 330 7377
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 26, 2005

MR. ALFRED BAUMELER
NOLTERPHARMA CORP.
1200 N.W. 17TH AVE., SUITE 17
DELRAY BEACH, FL 33445

SUBJECT: NOLTERPHARMA CORP.
Ref. Number: P02000044180

We have received your document for NOLTERPHARMA CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

Letter Number: 005A00064887

RECEIVED
OCT 30 AM 8:00
DIV OF CORPORATIONS

**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, this 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: NOLTERPHARMA CORP.
2. The principal office address: 151 CRANDON BLVD. # 445,
KEY BISCAYNE, FL 33149
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/23/2002 Document number: P02000044180

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

328 CRANDON BLVD. # 226,

KEY BISCAYNE, FL 33149

(Registered agent)

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

1200 N.W. 17th Avenue, Suite 17

Delray Beach, FL 33445

(P.O. Box NOT acceptable)

(New Registered Office)

FILED STATE
SECRETARY OF CORPORATIONS
05 JUN 30 PM 3:04

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.


(Signature of an officer or director)

Patricia Martin Rodriguez (Director)
(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)

(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

CR2E045 (8/05)