

P03000062834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: No Nonsense, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000062834

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:

Michael Flacks
Name of Contact Person

No Nonsense, Inc.
Firm/Company

1450 Brickell Ave., Suite 1900
Address

Miami, FL 33131
City/State and Zip Code

Michael Flacks@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Flacks at (786) 554-8589
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

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: No Nonsense, Inc.
2. The principal office address: 1450 Brickell Ave., Suite 1900,
Miami, FL 33131
3. The mailing address (if different): 1450 Brickell Ave., Suite 1900,
Miami, FL 33131
4. Date of incorporation/qualification: 06/06/2003 Document number: P03000062834
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)

Michael Flacks
200 South Biscayne Boulevard, Suite 17
Miami, FL 33131

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


Michael Flacks
1450 Brickell Ave., Suite 1900
P.O. Box NOT acceptable
Miami, FL 33131

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.

 Michael Flacks OFC
Signature of an officer or 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.

 8-7-17
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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