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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE NU BIZ INC

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HIN 2.2 2013

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.
The name of the corporation: NU BIZ INC
2. The principal office address: 2825 SW 22NO AVE STE 105
DELRAY REACH, FL 33445
3. The mailing address (if different): 3501 Woodview Lane
Batawa, OH 45103
4. Date of incorporation/qualification; 67/16/2003 Document number; P030000/8400
 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)
GALLETS, EUNICE
2825 SW 22ND AVE STE 105
DELRAY BEACH, FL 33445
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
Registered Agents Inc.
3030 N. Rocky Point Dr. STE 150A
Tampa FL 33607
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 comboration has been notified in writing of the change
- Manual of an order of concern Of THAN Thompson, Account
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.
But 1 6/18/18
Signature of Registered Agent Date Diff
SE NO POLICIO DE CONTROL DE CONTR
Bill Havre Typed or Printed Name
*** FILING FEE: \$35.00 *** SSS =
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE OF MAKE TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEL, FE-32314 OF CR2F045 (03:12)