

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

REGISTERED AGENT CHANGE
NUXE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

S. TALLENT

MAY 22 2017

17 MAY 19 PM 4:38

RECEIVED

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: Nuxe, Inc.
2. The principal office address: c/o Kopelowitz Ostrow P.A., 200 East Palmetto Park Road
Suite 103, Boca Raton, FL 33432
3. The mailing address (if different): Same.
4. Date of incorporation/qualification: 10/21/2003 Document number: P03000117244
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)
- Cyril Carrette
2001 Tyler Street Ste 102
Hollywood, FL 33020
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
- Gregory St. John
200 East Palmetto Park Road Suite 103
Boca Raton, FL 33432
- F.O. Box NOT acceptable

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.

X _____
Signature of one member of Director

Alza Jabes, President

Printed on typical letter and 100

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

5/19/17

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
CR2ED45 (03/12)

ALLIANCE, FLORIDA

17 MAY 19 10:04