P0300145613

(Requestor's Name)								
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(City/State/Zip/Phone #)								
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PICK-UP	MAIT	MAIL						
(Business Entity Name)								
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(Document Number)								
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Special Instructions to	Filing Officer:							
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SECRETARY OF STATE
TALLAHASSEE FI OBITA

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NOSON ENCYOVISES TO. (Name of Corporation)
DOCUMENT NUMBER: P03000145673
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:
Margie Mason (Name of Contact Person) Nason Energy (School) (Firm/Company)
3175 W. Sharpes Or.
City State and Zip Code)
For further information concerning this matter, please call:
Mar Ou Nason at (352) 445-3064 (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 p statement of chan in order	•	l for a corpora	ation organiz	ed under the i	laws of the	State of _	FLORIBA	<u>•</u>
 The name of the The principal of 	ne corporation:	Naso	N EN	TERPRI.	ses,	/NC.		
2. The principal of	office address:_	9250	N. CE	NNOX	TERR	ACE,	emus	SPRINES
FLORIDA	3443	<i>y</i>						
3. The mailing ad	ldress (if differe	ent): 925	0 N.	LENNOS	k 75	RRACE	CITAUS	SANNES
FLORID	A 3443	34						
4. Date of incorp	oration/qualific	ation: <u>141</u>	103	Documen	nt number:	PD3	1000	456 13
5. The name and Florida Depart		of the current r	egistered ago	ent and registe	ered office	on file wit	h the	
	9250	N. CEN	/Nox 7	TERRACE			_	
	CITRUS	N. CEN	s, FL	ORIBA C	34434			05
6. The name and (if changed):	street address of	_	_	. •			RETARY OF STATE AHASSEE FLORIDA	FILED NOV -7 PM 1: 12
The street addres as changed will l	ss of its registe	red office and	I the street a	ddress of the	business (office of its	s registered a	gent,
Such change was authorized by the	,	_			_	-		
Sayl	of an officer or du	ector)	126/05	DARYC	J. Va	s a ≁ ed name and t	PAES/DE	NT
I hereby accept t I further agree to of my duties, and document is bein corporation has	he appointmen comply with a I am familiar ag filed merely	nt as registere the provisions with and acc to reflect a ch	d agent and of all statu ept the oblig ange in the	agree to act	in this car	acity.		
(Sign	nature of Registered	Agent)	,		(Da	ate)		- /··-
If signing on beh					·			
	ped or Printed Nam	e)						

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