

PO4000058146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

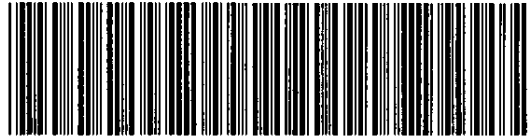
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500273842595

06/15/15--01004--029 **35.00

FILED
15 JUN 15 AM 7:12
U.S. DEPARTMENT OF STATE
INTERNATIONAL
BUSINESS REGISTRATION

PAPO

JUN 23 2015
T. LEMAY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Noc4Hosts Inc.
Name of Corporation

DOCUMENT NUMBER: P4000058146

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:

Ben Linton
Name of Contact Person

Noc4Hosts Inc.
Firm/Company

8010 Woodlands Center Blvd #700
Address

Tampa, FL. 33614
City/State and Zip Code

ben@hivelocity.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ben Linton at (888 869-4678)
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: NOC4HOSTS INC.
2. The principal office address: 8010 Woodlands Center Blvd. #700 Tampa, FL. 33614
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: _____ Document number: _____
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)

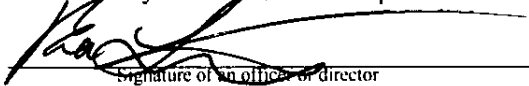
Michael J. Guji
31564 US 19 North
Palm Harbor, FL. 34684

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

Victor W. Holcomb
3203 W. Cypress Street
P.O. Box NOT acceptable
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 corporation has been notified in writing of the change.


Signature of an officer or director

Ben Linton, President

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, hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

6/11/15
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

FILED
15 JUN 15 PM 7:14
TALLAHASSEE, FLORIDA
STATE