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Who we

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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NATIONAL Publishing Company INC. (Name of Corporation)
DOCUMENT NUMBER:
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:
Name of Contact Person) NATIONAL PUBLISHING COMPANY INC.
130 Fisher MAN Street (Address) Opa - Locka T-L 33054 (City/State and Zip Code)
For further information concerning this matter, please call:
Trest Durham at (954) 559-58/o (Name of Contact Person) at (954) Sp-58/o (Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State

meek 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 char			· -	ed under the laws ed agent, or both,			in	
	•	•						
 The name of t The principal 	he corporation:_	No	TIONAS	Publishing	LempANY	Inc.		
2. The principal	office address:	780	Fisherman	Street	Орк -	Locka	FZ	3303
							<u> </u>	<u></u>
3. The mailing a	ddress (if differe	nt):		- 	<u>, , , , , , , , , , , , , , , , , , , </u>			
			<u> </u>	··- <u>-</u>	, <u></u>		<u> </u>	***, *=
4. Date of incorp	oration/qualifica	ition: <u>H</u> ug	not 23 200	<u>Y</u> Document nu	ımber: <u>//</u> 0	400012	1582	
	street address of tment of State:	f the curre	ent registered age	nt and registered	office on file	with the		, _ :
	73	PENDAN	Durk	, - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			· · · · · · · · · · · · · · · · · · ·	into a
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	<u> </u>	Locks	FL	33054			= " T	1
6. The name and (if changed):	street address of	the new	registered agent	(if changed) and	or registered	office SS	<u>۔۔۔</u> د	
	1	Fre	1 Duc	ham		E :	2 /T	1
		180	T-1	(Free t	: 27	- ALS	35 (7
		(P.O. B	Fishe man ox NOT acceptable)	UTT CET	<u> </u>		50	-
		04- 4	aks F	-2 330-	54			,
The street addre	ss of its register be identical.	ed office	and the street ac	dress of the bus	iness office	of its registe	red agent	•
Such change was authorized by th								
	re of an officer of dire	/_		Fred	Dura	and title)		
/	* ~	•	tered agent and ions of all statut	agree to act in the		•	rformanc	o o
I hereby accept Vfurther agree to of my duties, an document is best corporation has	d I am familiar ng filed merely t been notified in	with and to reflect writing	accept the oblig a change in the of this change.	ation of my posit registered office	tion as regis address, I h	tered agent, ereby confir	Or, if this m that the	s ?
1				7/24	106		. 3	
(Sig	mature of A chistered	(geni)		- L. W	(Date)		3.7	* ****
If signing on bel	half of an entity	:						
				- <u></u>			•	
(1	yped or Printed Name	:)						

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