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## **COVER LETTER**

\*Amendment Section **Division of Corporations** 

National Sourcing, Inc.

Name of Corporation

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:

Darren Jackson

Name of Contact Person

National Sourcing, Inc.

Firm/Company

8402 Laurel Fair Circle, Suite 207

Tampa, FL 33610

City/State and Zip Code

djackson@nationalsourcing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darren Jackson

3 621-8065 ext 235
Code & Daytime Telephone Number

Name of Contact Person

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

statement of cha	provisions of sections 607.050. nge is submitted for a corpora r to change its registered office	tion organized under	the laws o	f the State of	f Florida	
1. The name of t	he corporation: National S	ourcing, Inc.				
2. The principal	office address: 8402 Laure	el Fair Circle, Su	uite 207	Tampa,	FL 33610	
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification: 05/09	/2005 <sub>Docu</sub>	ıment num	<sub>ber:</sub> P050	00068542	
	street address of the current re tment of State: (If resigned, en		gistered of	ffice on file	with the	
	resigned - Marc J Wo	lfson			_	
	8402 Laurel Fair Circle, Suite D					
	Tampa, FL 33610				- - -	
6. The name and (if changed):	street address of the new regis	stered agent (if chang	ed) and /or	registered o	13 MAY -6	
	Pedro L Valdez				2 M	
	8402 Laurel Fair Circ	le, Suite 207			9: 31	
	Tampa, FL 33610	O. Box NOT acceptable				
The street addre	ss of its registered office and be identical.	the street address of	the busine	ss office of	its registered agent,	
	s authorized by resolution du e board, or the corporation ha				n officer so	
		PETIRO	L. VA	Lのもて typed name and t	TRESIDENT	
I hereby accept	the appointment as registered the appointment as registered o comply with the provisions my duties, and I am familiar v is document is being filed mer that the corporation has been	d agent and agree to	act in this	canacity		
2			Mar	02 <sub>)</sub>	2013	
	nature of Registered Agent		- 6	Date		
If signing on bel	half of an entity:					
Ту	ped or Printed Name					

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (03/12)