P05000015884

(Re	equestor's Name)	<u>, , , , , , , , , , , , , , , , , , , </u>
. (Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
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SECRETARY OF STATE TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendmen Division of	t Section Corporations		
SUBJECT: New Beginningz Equity Group, Inc. Name of Corporation			
DOCUMENT NUI	MBER: P05	000075884	
The enclosed Staten	nent of Change of Registered Offic	e/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:			
		-	
	Anthon	y Kusky	
-	Name of Co	ntact Person	
New Beginningz Equity Group, Inc.			
	Firm/C	ompany	
	P.O. Bo	k 561503 <u>Vr. 1</u> Iress	
	Aut	11055	
	-		
	Hockledge City/State a	nd Zip Code	
	Oity/Oillio u	d 2.,p 00d0	
	ak@nbhom		
E-mail address: (to be used for future annual report notification)			
For further information	tion concerning this matter, please	call:	
	Anthony Kusky	407 \ 923-8890	
Nam	ne of Contact Person	at (407) 923-8890 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	

PEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.
	office address: 416 Wenthrop Cir, Rockledge Fl. 32955
3. The mailing a	iddress (if different): P.O. Box 561503, Rockledge FL. 32955
4. Date of incor	poration/qualification: 5-24-05 Document number: P0500075884
	d street address of the current registered agent and registered office on file with the rement of State: (If resigned, enter resigned)
	Anthony Kusky
	1641 Bridgeport Cir, Rockledge Fl. 32955
(if changed):	d street address of the new registered agent (if changed) and /or registered office And Work (USV) 416 Wenthrop Cir, Rockledge FI. 32955 P.O. Box NOT acceptable
The street addr as changed wil	ess of its registered office and the street address of the business office of its registered agent, Here identical.
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	Anthony Kusky, President Printed or typed name and title
I hereby accept I further agree of my duties, and document is be corporation ha	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.
If signing on b	ehalf of an entity:

New Beginningz Equity Group, inc.

Typed or Printed Name

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