P05000102778

(Re	equestor's Name)	1
(Ad	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Nanilin Enterprises, Inc. (Name of Corporation)
DOCUMENT NUMBER: P05000102778
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:
Nanilin Trust (Name of Contact Person)
(Firm/Company)
P.O. Box 90261 (Address)
Gainesville, Florida 32607 (City/State and Zip Code)
For further information concerning this matter, please call:
E.F. FOWLER at (352) 276-0046 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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



June 14, 2006

NANILIN TRUST P.O. BOX 90261 GAINESVILLE, FL 32607

SUBJECT: NANILIN ENTERPRISES, INC.

Ref. Number: P05000102778

We have received your document for NANILIN ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Document Specialist

Letter Number: 306A00040408

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: Nanilin Enterprises, Inc.	
2. The principal office address: 5745 SW 75th St	
Gainesville, Florida 32608	
3. The mailing address (if different): P.O. Box 90261	
Gainesville, Florida 32607	
4. Date of incorporation/qualification: July 22, 2005 Document number: P05000102778	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Frank Fowler	
1555 Golfside Dr.	_
Winter Park, Florida 32792	7
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	1 101 00 E
Mr. E. F. Fowler	8
5745 SW 75th St (P.O Box NOT acceptable)	
Gainesville, Florida 32608	
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 changery is authorized by resolution duly adopted by its board of directors or by an officer so authorized by he board, or the corporation has been notified in writing of the change.	
Trustee/Director Nanilin Trust, P,S, (Printed or typed name and title)	
I herebyld kept the appointment as registered agent and agree to act in this capacity. I further ligree to comply with the provisions of all statutes relative to the proper and complete performance of my duffes, and I am familiar with and accept the obligation of my position as registered agent. Or, if the document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been noted in writing of this change.	ie is e
June 7, 2006	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (352)353-5200	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)