

P 05000122197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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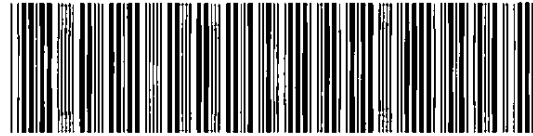
(Business Entity Name)

(Document Number)

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17 JUN - 8 AM 10:48

FILED  
2017 JUN - 8 AM 11:58  
TALLAHASSEE, FLORIDA

C. GOLDEN

JUN - 9 2017

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and the role of the auditor in ensuring the integrity of the financial statements.

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 674611 7539619

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : June 7, 2017

ORDER TIME : 8:55 AM

ORDER NO. : 674611-005

CUSTOMER NO: 7539619

CHANGE OF AGENT

NAME: NEXOGE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NEXOGY, INC.  
\_\_\_\_\_

Name of Corporation

DOCUMENT NUMBER: P05000122197  
\_\_\_\_\_

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

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
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: NEXOGEY, INC.
2. The principal office address: 2121 Ponce de leon Blvd. Suite 200 Coral Gables FL 33134
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/02/2005 Document number: P05000122197
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)

ZUMPARNO CASTRO, LLC

500 SOUTH DIXIE HIGHWAY SUITE 302

CORAL GABLES, FL 33146

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Corporation Service Company  
1201 Hays Street  

P.O. Box NOT acceptable

Tallahassee FL 32301

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.

 _____ <small>Signature of an officer or director</small>	<u>Juan Carlos Canto, CFO</u> _____ <small>Printed or typed name and title</small>
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*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, I hereby confirm that the corporation has been notified in writing of this change.*

By: <u>Lydia Cohen</u> _____ <small>Signature of Registered Agent</small>	<u>6/5/17</u> _____ <small>Date</small>
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If signing on behalf of an entity:  
Lydia Cohen  
Asst. Vice President  
\_\_\_\_\_  
Typed or Printed Name

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