

P05000158164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

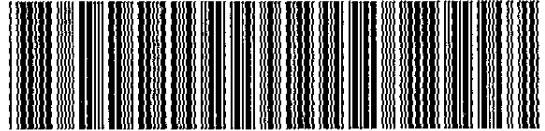
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/08/05--01026--022 **35.00

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2005 DEC -8 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05 DEC -8 AM 11:59

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L.A. Change

G. Coulllette DEC 08 2005

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Nationwide Surplus
Management, Inc.*

☐ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☒ RA ~~Registration~~ *Change* _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☐ Cert. Copy _____
☒ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

Signature _____

Requested by: *WC*

12/8

11:00

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

**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: NATIONWIDE SURPLUS MANAGEMENT, INC.
2. The principal office address: 518 NORTH FEDERAL HIGHWAY, SUITE 1
LAKE WORTH, FLORIDA 33460
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/1/2005 Document number: PO5000158164
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

RICHARD A. BERMAN

3410 GALT OCEAN DRIVE, #1201 NORTH

FORT LAUDERDALE, FLORIDA 33308

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

518 NORTH FEDERAL HIGHWAY, SUITE 1

LAKE WORTH, FLORIDA 33460

(P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA

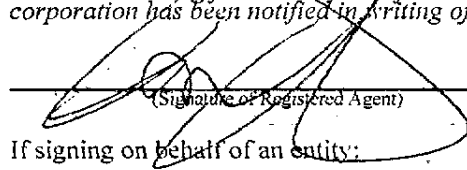
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


(Signature of an officer or director)

RICHARD A. BERMAN
(Printed or typed name and title)

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.


(Signature of Registered Agent)

12-2-05
(Date)

If signing on behalf of an entity:

RICHARD A. BERMAN
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314