## P07000012832

| (Re                                     | equestor's Name)  | )           |  |
|---|-------------------|-------------|--|
| (Ad                                     | dress)            | <u> </u>    |  |
| (Ad                                     | ldress)           |             |  |
| (Cit                                    | ty/State/Zip/Phon | ne #)       |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |
| (Bu                                     | siness Entity Na  | me)         |  |
| (Document Number)                       |                   |             |  |
| Certified Copies                        | Certificate       | s of Status |  |
| Special Instructions to Filing Officer: |                   |             |  |
|   |                   |             |  |
|   |                   |             |  |
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12/15/10--01008--020 \*\*35.00







December 8, 2010

## **VIA REGULAR MAIL**

Division Of Corporations Florida Department Of State PO Box 6327 Tallahassee, FL 32314

Re: NXC Technologies Corp.

Dear Sir or Madam:

Enclosed are one original and one copy of the forms necessary to change the registered agent and registered office for the above captioned entity, together with a check for the required filing fee.

Please file with your office and return the duplicate copy file stamped as evidence to my attention at the letterhead address.

If you have any questions, please do not hesitate to contact me at <a href="mailto:lightholder@nrai.com">lightholder@nrai.com</a> or at the number listed below.

Thank you.

Best Regards,

Laura L. Lightholder

enclosures

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| I. The name of the corporation: NXC Tech |   | NXC Technologies Corp.   |
|--|---|--|
|  |   |  |
| 1876 N. Uni                              | versity Drive, Suite 200-E, F                               |  |
| 3. The mailing ad                        | ddress (if different):                                      |  |
| f. Date of incorp                        | oration/qualification: 01/29/20                             | Document number: P07000012832  |
|  | street address of the current re                            | gistered agent and registered office on file with the  |
|  | KC Caldwell, CPA  |  |
|  | 7501 NW 4th Street, Suite 112                               |  |
|  | Plantation, FL 33317  |  |
| 5. The name and (if changed):            | street address of the new regis                             | stered agent (if changed) and /or registered office  |
|  | NRAI Services, Inc.   |  |
|  | 2731 Executive Par  | k Drive, Suite 4   |
|  |   | OT acceptable)   |
|  | Weston, FL 3333   |  |
| The street addre                         | ess of its registered office and<br>be identical.           | the street address of the business office of its registered ager   |
| Such change wa<br>authorized by th       | as authorized by resolution due board, or the corporation h | aly adopted by its board of directors or by an officer so as been notified in writing of the change.   |
| Much                                     | ure of an officer or director)                              | Nick Corvo, President (Printed or typed name and title)  |
| (  | ,   | d agent and agree to act in this capacity. If of all statutes relative to the proper and complete performance; the obligation of my position as registered agent. Or, if the things in the registered office address, I hereby confirm that this change. |
| NRAI Services, Inc.                      |   | Dacember 7, 2010   |
|  | chalf of an entity:   | • •  |
|  | htholder, Assistant Secret                                  | en/  |
|  | Typed or Printed Name)                                      | <del></del>  |

\* \* \* 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)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of   | the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu<br>change is submitted for a corporation organized under the laws of the State of Florida   | a               |
|--|---|-----------------|
|  | rder to change its registered office or registered agent, or both, in the State of Florid   | 1a.             |
| 1. The name of the corporation: NXC Technologies Corp. |   |                 |
| •  | pal office address:   |                 |
| 1876 N.  | University Drive, Suite 200-E, Plantation, FL 33322   |                 |
| 3. The mailin  | ng address (if different):  |                 |
| 4. Date of inc   | corporation/qualification: 01/29/2007 Document number: P0700001   | 2832            |
| 5. The name  | and street address of the current registered agent and registered office on file with the partment of State:  |                 |
|  | KC Caldwell, CPA  |                 |
|  | 7501 NW 4th Street, Suite 112   | The City        |
|  | Plantation, FL 33317  |                 |
| 6. The name<br>(if changed                             | and street address of the new registered agent (if changed) and /or registered office d):   |                 |
|  | NRAI Services, Inc.   |                 |
|  | 2731 Executive Park Drive, Suite 4  |                 |
|  | (P.O. Box NOT acceptable)   |                 |
|  | Weston, FL 33331  |                 |
| _  | ddress of its registered office and the street address of the business office of its rewill be identical.   |                 |
| authorized b   | e was authorized by resolution duly adopted by its board of directors or by an off by the board, or the corporation has been notified in writing of the change.   | 1001 30         |
| Mu   | Nick Corvo, President   |                 |
| I hereby acc   | gnature of an officer or director)  (Printed or typed name and title)  the appointment as registered agent and agree to act in this capacity,  the comply with the provisions of all statutes relative to the proper and comple  to and I am familiar with and accept the obligation of my position as registered a  to being filed merely to reflect a change in the registered office address, I hereby to  that been notified in writing of this change. | ete nerformance |
| 70   | (Signature of Registered Regent) (Date)   | 10              |
| If signing or  | n behalf of an entity:  |                 |
| Laura L. I   | Lightholder, Assistant Secretary (Typed or Printed Name)  |                 |

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

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CR2E045 (8/05)