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## **COVER LETTER**

Amendment Section

TO:

Division of Corporations				
SUBJECT: National Backgro	ound Solutions Inc.			
Name	of Corporation			
DOCUMENT NUMBER: F	209000025971			
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:				
rease return an correspondence concerning and matter to the ronowing.				
Michael Junker Name of Contact Person				
Name of Conact Person				
National Background Solutions Inc.				
Firm/Company				
8930 E. Roan Lane				
Address				
Inverness El 34450				
Inverness, FL. 34450 City/State and Zip Code				
michael0195@gmail.com  E-mail address: (to be used for future annual report notification)				
E-mail address. (to be used for fature annual report notification)				
For further information concerning this matter, please call:				
Michael Junker Name of Contact Person	at ( 352 ) 422-5521 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.				
	9			
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section			
Division of Corporation				

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617  ange is submitted for a corporation of	rganized under the laws of the State	of Florida
in orde	er to change its registered office or re	gistered agent, or both, in the State	of Florida.
	the corporation: National Back		
2. The principal	office address: 8930 E. Roan La	ine	
Inverness,	, FL. 34450		
3. The mailing a	address (if different): Same as ab	ove	
4. Date of incorp	poration/qualification: 03/20/2	009 Document number:	P09000025971
	d street address of the current register rtment of State: (If resigned, enter res		e with the
	Larry G. Junker		<u> </u>
	8930 E. Roan Lane	· · · · · · · · · · · · · · · · · · ·	TASE TO
	Inverness, FL. 34450		SECRETARS STATES
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered	
	Michael Junker		<b>5</b>
	8930 E. Roan Lane		*****
		x NOT acceptable	
	Inverness, FL. 34450		**************************************
The street address changed will	ess of its registered office and the st l be identical.	reet address of the business office	of its registered agent,
Such change was authorized by the	as authorized by resolution duly add he beard, or the corporation has bee	opted by its board of directors or b in notified in writing of the change	y an officer so
Mule	lect full tree of an orbiter or director	Michael Ju Printed or typed name	
I hereby accept I further agree a of my duties, a document is beil corporation has	t the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change s been volified in writing of this cha	nt and agree to act in this capacity statutes relative to the proper and obligation of my position as regis in the registered office address, I h mge.	l complete performance stered agent. Or, if this hereby confirm that the
Mule		06/01/20	)10
•	chalf of an entity:	Date	
<i>T</i> v	vned 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 CR2E045 (8/05)