P09000042269

•		
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
·(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

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AUG 18 2009

COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJE	CCT:	Change of a	ddress for Reg	gistered Agen ation	<u>t</u>		
DOCU	MENT NU	UMBER:	P090000)42269			
The end	closed State	ement of Change of Re	gistered Office/Age	nt and fee are subn	nitted for filing.		
Please 1	return all co	orrespondence concern	ing this matter to the	e following:			
	Nelson Tobin Name of Contact Person						
			Name of Comact i	CISOII			
		Nel	son Tobin Instrui				
			Firm/Compan	У			
		82	70 Woodland Ce	nter Blvd			
			Address				
			Tompo El 22	614			
			Tampa, FL 33 City/State and Zip	Code			
			ntobin@nteyes.	com			
	E-mail address: (to be used for future annual report notification)						
For furt	her inform	ation concerning this n	natter, please call:				
		Tricia Barrett	at (813	769-3562 vtime Telephone Number		
	Na	me of Contact Person		Area Code & Day	time Telephone Number		
Enclose	ed-is-a-\$35.	00.check.made.payable	e.to.the.Department	of State.			
		Mailing Addres Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	rporations	Street Address Amendment Division of Clifton Build 2661 Execut Tallahassee,	Section Corporations ling ive Center Circle		



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2009

NELSON TOBIN NELSON TOBIN INSTRUMENTS, INC. 8270 WOODLAND CENTER BLVD TAMPA, FL 33614

SUBJECT: NELSON TOBIN INSTRUMENTS, INC.

Ref. Number: P09000042269

We have received your document for NELSON TOBIN INSTRUMENTS, 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):

The registered agent must sign the document.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 809A00027290

2009 AUG 17 AM 8: 00
SECRETARY OF STATE

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sange is submitted for a corporation organized under the laws of the State of $_$ er to change its registered office or registered agent, or both, in the State of F	Florida		_
1. The name of	the corporation: Nelson Tobin Instruments, Inc.			
	office address: 8270 Woodland Center Blvd, Tampa, FL 33614			
	• *			
3. The mailing a	address (if different):			<u>, </u>
4. Date of incor	poration/qualification: 5/12/09 Document number: F	² 09000	04226	9
	d street address of the current registered agent and registered office on file wirtment of State: (If resigned, enter resigned)	th the		
	Tobin, Nelson	_		
	1208 E Kennedy Boulevard	_		
·	Tampa, FL 33602	ZE ZE	2009	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered off	CRETAR	2009 AUG 17	
	Tobin, Nelson	4.03 4.03 4.03	2	Ш
	8270 Woodland Center Blvd	STAT	ထ္ ယ	
	P.O. Box NOT acceptable Tampa, FL 33614	ĐΑ	82	
The street address changed will	ess of its registered office and the street address of the business office of it be identical.	- ts registe	ered ago	ent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	officer	so	
Mel.	Nelson Tobin re of an officer of director Nelson Tobin Printed or typed name and to			
I hereby accept I further agree of my duties, ar document is be corporation has	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and con ad I am familiar with and accept the obligation of my position as registere ing filed merely to reflect a change in the registered office address, I here s been notified in writing of this change.	nplete p d agent by confi	erforma Or, if rm that	ince this the
Med Sie	July 8, 2009 mature of Registered Agent Date			_
If signing on be	chalf of an entity:			
т	yped or Printed Name			

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