

P090000046990

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FEB 02 2015
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Neno Research Inc.

Name of Corporation

DOCUMENT NUMBER: P09000046990

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:

Sharon Mann

Name of Contact Person

General Information Services

Firm/Company

917 Chapin Rd., P.O. Box 353

Address

Chapin, SC 29036

City/State and Zip Code

smann@geninfo.com

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

For further information concerning this matter, please call:

William M. Umbach

Name of Contact Person

at (803) 212-6522

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: Neno Research Inc.
2. The principal office address: 401 Center Point Circle #1519
Altamonte Springs, FL 32701
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/01/2009 Document number: P09000046990
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)

George E. Smith

401 CENTER POINT CIRCLE, #1519

ALTAMONTE SPRINGS, FL 32701

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

Katarina Igersky

1588 North Casey Key Rd

P.O. Box NOT acceptable

Osprey, FL 34229

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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.

Sharon Mann
Signature of an officer or director

Sharon Mann, Secretary

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.

Katarina Igersky
Signature of Registered Agent

1/7/2015
Date

If signing on behalf of an entity:

Katarina Igersky
Typed or Printed Name

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