## P10000051029

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ry/State/Zip/Phone	<del>&gt;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	





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12/89/13--01016--002 \*\*35.06



## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Name of Corporation		
DOCUMENT NUMBER: P10000051029		
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:		
Moira Dadore Name of Contact Person		
Nanko Corb		
1 mill company		
12000 Biscayre Blud #601		
North Hiami, FC 33181 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Moira Dadore  Name of Contact Person  at (305) 4205457  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

Tallahassee, FL 32314

P.O. Box 6327

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

## 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 +locida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Nanko Ox b
2. The principal office address: 12000 Biscayre Blvd #601  High; FL 33181
3. The mailing address (if different):
4. Date of incorporation/qualification: 06/16/10 Document number: P1000051025
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)
Sugrea Rivera Pedro FSR.
Sugrez Rivero, Pedro FSR. 3340 N.E. 1904 Street #1408
Aventura, FL 33180
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
12000 Biscayre Blvd. Suk 601 North Hiami, FL 33181
The street address of its registered office and the street address of the business office of its registered agent, as changed will be dentical.
Such change was putterized 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.
Pedro Francisco Suorea Rivero  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.
12/06/13
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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