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(Re	equestor's Name)				
(Ad	idress)	<u> </u>			
(Ad	ldress)	-			
(Cit	ty/State/Zip/Phone	#)			
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SLIGRETARY OF STATE
TALLAHASSEE, FLORIDA

Mr 8-29-11

COVER LETTER

TO: Amendment Division of C	Section Corporations				
SUBJECT:		N.C.COM	Inc.	<u></u> _	
		Name of C	orporation		
DOCUMENT NUM	IBER:	P100	000099737		
The enclosed Statem			Agent and fee are	submitted for filing.	
Please return all corr	espondence concerni	ing this matter	to the following:	-	
	F		to the control vinage		
·		Robert	Diddle tact Person		
	-	Name of Cor	tact Person	_	
N.C.COM Inc. Firm/Company					
		FILITO	шрапу		
		1901 € 1	19 1 20		
1801 S. US 1, 2C Address					
		Juniter Fl	33477		
_		City/State an	33477 d Zip Code		
		i-f-Ob-b-			
	-mail address: (to b	info2bob@ oe used for fi	aoi.com ture annual repor	t notification)	
	(· ,	
For further information	on concerning this m	atter, please ca	all:		
F	Robert Diddle		at (561)	213 8232	
	of Contact Person		Area Code &	213 8232 Daytime Telephone Number	
Enclosed is a \$35.00	check made payable	to the Departr	nent of State.	<i>a.</i>	
	Mailing Address	•	Street Ad	dress:	
	Mailing Address: Amendment Sec	tion	Amendm	dress: ent Section	
	Division of Cor	porations	Division	of Corporations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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