P110005333

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	Y



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C. GOLDEN 0CT 2 6 2017

COVER LETTER

TO: Amendm Division	ent Section of Corporations	
SUBJECT:	NONAGEN BIOSCIENCE	CORPORATION
SUBJECT	Name of Co	prporation
	P11000005282	1
	UMBER:	
The enclosed Sta	tement of Change of Registered Office	Agent and fee are submitted for filing.
Please return all	correspondence concerning this matter	to the following:
	STEVEN GOODISON	
	Name of Con	tact Person
	NONAGEN BIOSCIENCE CO	RPORATION
	Firm/Co	mpany
	10129 LAKE LAMAR COURT	
	Addr	ess
	JACKSONVILLE, FL 32256	
	City/State and	d Zip Code
	goodison.steve@gmail.com	
	E-mail address: (to be used for fu	iture annual report notification)
For further infor	nation concerning this matter, please c	all:
STE	EVEN GOODISON	904 521 8665
<u>N</u>	ame of Contact Person	at ()
	5.00 check made payable to the Departi	
	ne pepuli	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of change is submitted	ections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta d for a corporation organized under the laws of the State of <u>Fl</u> registered office or registered agent, or both, in the State of Fla	LORIDA
in order to change its r	NONAGEN BIOSCIENCE CORPORATION	rraa.
1. The name of the corporation:	10129 LAKE LAMAR COURT	
2. The principal office address:	JACKSONVILLE, FL 32256	1
3. The mailing address (if differ	rent):	
4. Date of incorporation/qualific	cation: 01/14/2011 Document number: P1100	00005282
	of the current registered agent and registered office on file with	
GOODISON	N, STEVEN	28
8833 PERIN	METER PARK BLVD. # 302)17 00
JACKSONV	8833 PERIMETER PARK BLVD. # 302 JACKSONVILLE, FL 32216	
(if changed):	of the new registered agent (if changed) and /or registered offic	P#12: 4
GOODISON	I, STEVEN	<u>.</u>
10129 LAKE	E LAMAR COURT	
JACKSONV	P.O. Box. NOT acceptable //ILLE, FL 32256	
The street address of its registe	ered office and the street address of the business office of its r	registered agent.
	y resolution duly adopted by its board of directors or by an of corporation has been notified in writing of the change.	
gnu	STEVEN GOODISON, CEC	>
further agrée to comply with i performance of my duties, and	nt as registered agent and agree to act in this capacity, the provisions of all statutes relative to the proper and complete to action of my position a being filed merely to reflect a change in the registered office cation has been notified in writing of this change.	is registered.
guh	10/23/17	
Signature of Registered A	Agent / Taile	
S. GOODISON	;·	

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)