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STAISION OF CORPORATION

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то:	Amendmen Division of	Section Corporations				
SUBJECT:		N&N Internationale Incorporated Name of Corporation				
DOCUMENT NUMBER:		4BER:	P11000047563			
The e	nclosed Staten	nent of Change of Registe	ered Office/Agent	and fee are subm	itted for filing.	
Please	e return all cor	respondence concerning t	this matter to the f	ollowing:		
	_	Na	Sheriff G Ali	rson		
	-	N&N Into	ernationale Inc	orporated	····	
			Time Company			
	PO Box 1154					
	_		Address			
,	Lithia Florida 33547 City/State and Zip Code					
		info@r	nnnincorporate	d.com		
	Ī	E-mail address: (to be u			fication)	
For fu	rther informat	on concerning this matte	er, please call:			
		Sheriff G Ali	at (312	204 7208	
	Name	e of Contact Person	Ā	rea Code & Dayt	ime Telephone Number	
Enclos	sed is a \$35.00	check made payable to t	the Department of	State.		
·		Mailing Address: Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	rations	Street Address Amendment S Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ng ve Center Circle	

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: N&N Internationale Incorporated
2. The principal office address: 10685B Hazelhurst Dr ste 10888
Houston TX 77043
3. The mailing address (if different): PO Box 1154
Lithia Florida 33547
4. Date of incorporation/qualification: May 18 2011 Document number: P11000047563
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)
Hilton S Nicholson (resigned)
in10271 Thia Estates Drive
[iJhia, Fl 33547
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Luke E Alleyne 9460 Fowler Ave P.O. Box NOT acceptable Thonotosassa FL 33592
Luke E Alleyne
9460 Fowler Ave P.O. Box NOT acceptable The protection of the state o
P.O. Box NOT acceptable
Thonotosassa FL 33592
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.
Sheriff G Ali
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 daties, 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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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