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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE NI GOVERNMENT SERVICES INC.

Certificate of Status	0
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

15129570210

SUBJECT: NI Government S	ervices Inc.
Name of Corporation	
DOCUMENT NUMBER: P11000071	1367
The enclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd. Suite 300	
Address	<del></del>
Austin, Texas 78744	
City/State and Zip Code	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please	call:
Mary Castillo	at (888 ) 705-7274  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depar	rtment of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

15129570210

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

statement of cha	provisions of sections 607.050. nge is submitted for a corpora r to change its registered office	tion organiz	ed under the la	ws of the State of	Florida	
2. The principal	he corporation: NI Governorfice address: 2110 BO RAPIDS, MI 4950	STON				
•	ddress (if different):			D440	200740	~~
4. Date of incorp	poration/qualification: 8/9/2	2011	Document	number: P110	1000713	6/
	Street address of the current in timent of State: (If resigned, en BUSINESS FIL 1200 South Pine Island	iter resigned	)			
	Plantation		FL	33324	- -	2020
W. V					2020 MAY 29	
	155 Office Plaz	a Dr.	Suite /		- 7: - 9::	kH 9:
	Tallahassee	P.O. Box FL	NOT acceptable 3230	01	- Si	ယ်
	ess of its registered office and be identical.					agent,
authorized by the	as authorized by resolution du ne board, or the corporation h	as been noti	fied in writing	of the change.		
/s/ Elizabeth	h Huisman re of an other or director			Huisman	Preside खार	<u>nt</u>
I hereby accept I further agree of my duties, an	the appointment as registered to comply with the provisions ad I am familiar with and acco ing filed merely to reflect a ch is been notified in writing of th	of all statue ept the obligations of the	tes relative to to	he proper and co sition as register	ed agent. Or	. II Inu
Hod	matife of Registered Agent		05/28/20	)20		
Sig	naulie of Registered Agent	<del></del>		Date		
If signing on be	half of an entity:					
	, Assistant Secretary					
ı	yped or Printed Name	II ESC ES	r. e25 m + + +			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)