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R. WHILE

## **COVER LETTER**

Division of Corporations			
SUBJECT: NOVA TROOW OFK CORP.  Name of Corporation			
DOCUMENT NUMBER: \$\P13\Q00072607\$			
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:			
RODALD MOHED  Name of Contact Person			
NOVA ITONWORK COPP			
8450 SW 20 Terr Address			
MIAMI & 33155  City/State and Zip Code			
City/State and Zip Code			
ronald @ novafence.net			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Ronald Montero at 305, 5862904  Name of Contact Person Area Code & Daytime Telephone Number			
Name of Contact Loson Aca Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327  Street Address: Amendment Section Division of Corporations 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

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.
1. The name of the corporation: NOVA IDDN WORL CORP
2. The principal office address: 8450 SW 20 TeN  MIAMI FZ 33155
3. The mailing address (if different):
4. Date of incorporation/qualification: 09 3 2013 Document number: P13000072007
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)
Ronald Monters 8450 Sw 20 Terr Miani, Fe 3315
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Alberto Romero Argentes
2000 Ludlam Rd.
Miami, R 33155
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.    Printed or typed name and title   Printed or typed na
I hereby accept the appointment as registered agent and agree to act in this capacity. If 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.
Signature of Registered Agent Date
If signing on behalf of an entity:
(CONALD MUNT CIW) Typed or Printed Name
* * * FILING PEF • \$35.00 * * *

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