

P140000021161

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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September 28, 2015

**VIA OVERNIGHT MAIL**

Florida Department of State  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Nyman National, Inc.

Dear Sir/Madam:

Enclosed, on behalf of the above captioned entity, please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations and a check in the amount of \$35.00 in payment of the applicable filing fee.

Should you have any questions regarding the foregoing, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read "Linda A. Csepi".

Linda A. Csepi  
Paralegal

:lac  
Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Nyman National, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P14000021161

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:

Linda A. Csepi

Name of Contact Person

Meyers, Roman, Friedberg & Lewis

Firm/Company

28601 Chagrin Boulevard, Suite 500

Address

Cleveland, Ohio 44122

City/State and Zip Code

lcsepi@meyersroman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda A. Csepi

Name of Contact Person

at ( 216 ) 831-0042

Area 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  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
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 in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Nyman National, Inc.
2. The principal office address: 2005 West Cypress Creek Road, Suite 102  
Forth Lauderdale, Florida 33309
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: March 7, 2014 Document number: P14000021161
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)

Brian Miller

3411 Sands Harbor Terrace

Pompano Beach, Florida 33069

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Brian Miller

517 Misty Oaks Drive

P.O. Box NOT acceptable

Pompano Beach, Florida 33069

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.

  
\_\_\_\_\_  
Signature of an officer or director

Brian Miller, President

Printed or typed name and title

*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 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

9.28.15

Date

If signing on behalf of an entity:

Brian Miller

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)