

P14000023511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 APR 13 AM 7:59

CL  
4-15-15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NONSET INDUSTRIES CORP.

Name of Corporation

**DOCUMENT NUMBER:** P14000023511

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:

Osmary A. Alfondo

Name of Contact Person

NONSET INDUSTRIES CORP.

Firm/Company

6511 Nova Drive SUITE 188

Address

Davie, FL 33317

City/State and Zip Code

info@nonsetindustries.com

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

For further information concerning this matter, please call:

Osmary A Alfondo

Name of Contact Person

at ( 305 ) 2167316

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: NONSET INDUSTRIES Corp.
2. The principal office address: 6511 Nova Drive SUITE 188. Davie, FL 33317
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/13/2014 Document number: P14000023511
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)

Resigned

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

Osmary A. Alfonzo

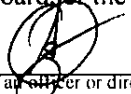
13010 NW 1st Street #105.

P.O. Box NOT acceptable

Pembroke Pines, FL 33018.

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

Osmary Alfonzo, 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

04/01/2015

Date

If signing on behalf of an entity:

Osmary A. Alfonzo

Typed or Printed Name

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

FILED  
DIVISION OF CORPORATIONS  
15 APR 13 AM 8:00