

P14000036747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

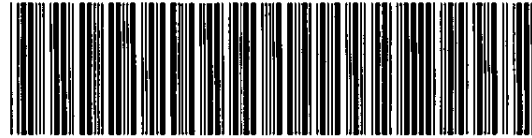
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILING CANCELLED
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08/04/14--01006--010 **35.00

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14 AUG -4 AM 9:28
TALLAHASSEE, FLORIDA

AUG 13 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **NSOURCE INC**

Name of Corporation

DOCUMENT NUMBER: **P14000036747**

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:

DARLENE KEENE

Name of Contact Person

JAMES ALLEN TAX & ACCOUNTING

Firm/Company

1621F EDGEWOOD DRIVE

Address

LAKELAND, FLORIDA 33803

City/State and Zip Code

PMOSCOW@GMAIL.COM

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

For further information concerning this matter, please call:

PATTI MOSCOW

Name of Contact Person

at (**863**) **683-1968**

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: NSOURCE INC
2. The principal office address: 2050 EDGEWOOD DRIVE SOUTH SUITE 109, LAKELAND FLORIDA 33801
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/22/2014 Document number: P14000036747
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)

DAVID A REMINGTON

5155 LAKE DEESON WOODS COURT

LAKELAND, FL. 33805

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

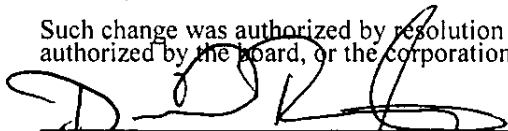
2050 EDGEWOOD DRIVE SOUTH SUITE 109

P.O. Box NOT acceptable

LAKELAND, FL. 33801

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.

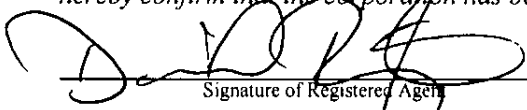


Signature of an officer or director

DAVID A. REMINGTON

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, hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

6/17/14

Date

If signing on behalf of an entity:

**FILING CANCELLED
RETURNED CHECK**

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)

14 AUG -4 AM 9:28
TALLAHASSEE, FLORIDA