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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

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## REGISTERED AGENT CHANGE CYANECO CORPORATION

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

statement of cha	provisions of sections 607,0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida are to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: CYANECO CORPORATION
2. The principal	office address: 5435 JAEGER RD UNIT 3, NAPLES, FL 34109
3. The mailing a	address (if different): SAME AS PRINCIPAL OFFICE ADDRESS
4. Date of incorp	poration/qualification: 09/04/2014 Document number: P14000073617
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	UNITED STATES CORPORATION AGENTS, INC.
	13302 WINDING OAKS CT STE A
	TAMPA, FL 33612-3425
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office To
	Northwest Registered Agent, LLC.
	3030 N. Rocky Point Dr., STE 150A
	P.O. Box NOT acceptable
	Tampa, FL 33607
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Nunatu	DAIN BOILING, DIRECTOR Printed or typed name and title
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.
Sign	or Glove 7 13 2017  mature of Registered Agent Date
	half of an entity:
TOM GLOV	
r <sub>2</sub>	ypod or Printed Name

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

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