

P16 000008796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

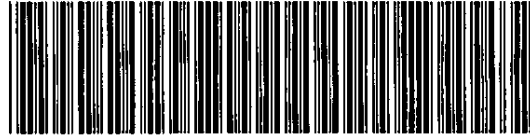
(Business Entity Name)

(Document Number)

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2016 JUL -6 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. CARROTHERS

JUL 11 2016

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASTRAQOM NZ CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** P16000008796

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:

Michael LaSala

Name of Contact Person

IncSmart.biz, Inc

Firm/Company

3609 Hammerkop Dr.

Address

North Las Vegas, NV 89084

City/State and Zip Code

michael@incsmart.biz

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

For further information concerning this matter, please call:

Michael LaSala

Name of Contact Person

at ( 702 ) 334-0391

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ASTRAQOM NZ CORPORATION  
2. The principal office address: 3001 NORTH ROCKY POINT DRIVE EAST SUITE 200-2117 TAMPA, FL 33607

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/19/2016 Document number: P16000008796

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)

ASTRAQOM INTERNATIONAL INC.

3001 NORTH ROCKY POINT DRIVE EAST SUITE 200-2117

TAMPA, FL 33607

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

REGISTERED AGENTS INC.

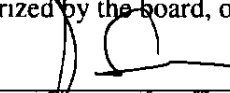
3030 N. Rocky Point Drive, STE 150A

P.O. Box NOT acceptable

Tampa, FL 33607

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

DR. JONATHAN SOWAH, 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

06/24/2016

Date

If signing on behalf of an entity:

Bill Havre/Assistant Secretary

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

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