

P17000056277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

WALK IN \$35.00

Office Use Only



700313896237

S TALLENT  
MAY 25 2018

FILED  
MAY 24 AM 11:06

RIA-CH

FILED  
MAY 24 AM 8:19



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: 5/24/2018

Account#: 120000000088

Name: Merritt Knickle

Reference #: G042572

Entity Name: NHP EXPORTS, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$35

Signature: [Signature]

✪ CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40<sup>TH</sup> ST, 10<sup>TH</sup> FL  
NY, NY 10016  
800.221.0102  
+1.212.947.7200

✪ EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTERED NO: 087072  
6 BEVIS MARKS, 1<sup>ST</sup> FL  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

✪ ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
INFINITUS PLAZA, 12<sup>TH</sup> FL  
199 DES VOEUX RD CENTRAL  
HONG KONG  
+852.3975.1803



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NHP EXPORTS, INC.  
Name of Corporation

DOCUMENT NUMBER: P17000056277

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:

C/O DANIELLE LITTWIN  
Name of Contact Person  
DUGGAN BERTSCH, LLC  
Firm/Company  
303 W. MADISON STE., STE. 1000  
Address  
CHICAGO, IL 60606-3321  
City/State and Zip Code  
DLITTWIN@YAHOO.COM ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELLE LITTWIN at ( 312 ) 263-8600  
Name of Contact Person 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: NHP EXPORTS, INC.
2. The principal office address: 125 S.W. 3RD PL., STE. 205  
CAPE CORAL, FL 33991
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/29/2017 Document number: P17000056277
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)

CAPITOL CORPORATE SERVICES, INC.

515 E. PARK AVE., 2ND FL

TALLAHASSEE, FL 32301

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

COGENCY GLOBAL INC.

115 N. CALHOUN ST., STE. 4

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

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.

<u>Steven Rye</u> Signature of an officer or director	<u>STEVEN RYE</u> <u>D</u> 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.*

<u>Anthony E. Mackay</u> Signature of Registered Agent	<u>5/23/16</u> Date
---	------------------------

If signing on behalf of an entity:

Anthony E. Mackay, V.P.  
Typed or Printed Name

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