	(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:	
	J. HORI	٧E
	J. HOR1 0CT - 4 ;	202





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מיאבבהייאסטפבי הבייאלה אל למיי

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115 N CALHOUN ST., STE, 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/03/2023	
	Juliana	
Reference	#:2139677	
	e: NHP	EXPORTS, INC.
	eles of Incorporation/Authoriza	
☐ Ame	endment	
✓ Char	nge of Agent	
Rein	statement	
Con	version	
☐ Mer	ger	
☐ Diss	olution/Withdrawal	
☐ Fictit	tious Name	
☐ Othe	er	
Authorized	Amount: \$35.00	
Signature:	Juliana Prestia	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

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Date:	10/03/2023	
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☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictit	ious Name	
☐ Othe	r	
Authorized /	Amount:\$35.00	

F: 800.944.6607

+44 (0)20.3961.3080

E- +852 7692 0700

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	NHP EXPORTS, INC.	
Name of Corporation		
DOCUMENT NUMBER:	P17000056277	
The enclosed Statement of Chang	e of Registered Office/Agent and fee are submitted for fil	ling.
Please return all correspondence	concerning this matter to the following:	
Name of Contact Person		
COGENCY G	LOBAL INC.	
Firm/Company		
115 North Calhou	n Street, Suite 4	
Address		
Tallahassee	, FL 32301	
City/State and Zip Code		
	dlittwin@dugganbertsch.com	
E-mail address: (to be used for	future annual report notification)	
For further information concerning	ig this matter, please call:	
	at (
Name of Contact	at () Person Area Code & Daytime Telepi	hone 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

Pursuant to the provisions of section statement of change is submitted for in order to change its regist	a corporation organize	d under the laws of the Sta	ate of Florida
			ue oj rioriaa,
The name of the corporation: The principal office address:	125 5	SW 3RD PLACE STE 20	0
2. The principal office address:	CAPE CORAL, F	1 33001	
3. The mailing address (if different):			
4. Date of incorporation/qualification	າ:06/29/2017	Document number:	P17000056277
5. The name and street address of the Florida Department of State: (If re		nt and registered office on	file with the
	DUGGAN BERTSO	CH, PLLC	
	875 109TH AVENUE I	N SUITE 302	
	NAPLES, FL 3	4108	23 00
6. The name and street address of the (if changed):	: new registered agent (if changed) and /or registe	
	Cogency Globa	il Inc.	
	115 North Calhoun St	reet, Suite 4	: 03
	P.O. Box. NO)T acceptable	
	Tallahassee, Florid	la 32301	
The street address of its registered cas changed will be identical.	office and the street add	dress of the business offic	ce of its registered agent,
Such change was authorized by reso authorized by the board, or the corp	olution duly adopted by oration has been notifi	tits board of directors or ed in writing of the chang	by an officer so ge.
/S/ James M. Duggan		James M.	Duggan
Signature of an officer or director		Printed or typed nar	ne and title
I hereby accept the appointment as I further agree to comply with the p of my duties, and I am familiar with document is being filed merely to re corporation has been notified in wr	rovisions of all statute, and accept the obliga effect a change in the r	gree to act in this capaci s relative to the proper a tion of my position as reg egistered office address.	ty, ad complete performance vistered agent. Or, if this I hereby confirm that the
/S/ Sean Chase		09/28/2	2023
Signature of Registered Agent		Date	· - ·
If signing on behalf of an entity:			
Sean Chase			
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 (04/13)

COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT:	NHP EXPORTS, INC.	
Name of Corporation	-	·
DOCUMENT NUMBER:	P17000056277	
The enclosed Statement of Chang	e of Registered Office/Agent and fe	e are submitted for filing.
Please return all correspondence concerning this matter to the following:		
Name of Contact Person		
COGENCY G	LOBAL INC	
Firm/Company	EODAE INO.	
115 North Calhou	n Street, Suite 4	
Address	·	
Tallahassee	, FL 32301	
City/State and Zip Code		
	dlittwin@dugganbertsch.con	
E-mail address: (to be used for	future annual report notification)
For further information concerning	g this matter, please call:	
Name of Contact 1	Person at (at Co) ode & 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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)