## P21 0000 33090

(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. HORNE OCT <b>19 2022</b>			

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07/21/22--01012--008 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Nelson Cash Inc Name of Corporation				
DOCUMENT NUMBER: P21000033090				
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matt	er to the following:			
Ruth Goran				
Name of Contact Person	<del></del> _			
Ruth Goran CPA				
Firm/Company				
8631 Keeler Ave				
Address	<del></del>			
Skokie, Illinois 60076				
City/State and Zip Code	<del>_</del>			
ruthgorancpa@gmail.com				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please call:				
Ruth Goran	287-7832			
Name of Contact Person	at (847 ) 287-7832  Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Depa	irtment of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	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

statement of chai	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Ston organized under the laws of the State of $\frac{F}{2}$ or registered agent, or both, in the State of Fl	orida
1. The name of t	he corporation: Nelson Cash Inc		
2. The principal	office address: 9349 Collins Ave.	Unit 601	
z. The principal	Surfside, Florida		
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 3/16/11	Document number: P21000033	3090
	street address of the current reg tment of State: (If resigned, ente	gistered agent and registered office on file witer resigned)	h the
	Uri Ratner	1001 1001	
	1145 16th St #1101		
	Miami Beach, Fl 33139-2288		
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or registered offi	2022 JUL 21 AHT
	9349 Collins Ave Unit 601		122
	C.,_f.i.J., El 22154	P.O. Box NOT acceptable	
	Surfside, Fl 33154		= = =
The street addre as changed will	ss of its registered office and the identical.	he street address of the business office of its	registered agent,
Such change wa authorized by th	is authorized by resolution duly the board, or the corporation has	y adopted by its board of directors or by an observation by an observation of the change.	officer so
	( Septer	Uri Ratner, President	
Signatui	e of an officer or director	Printed or typed name and titl	e
I further agree t of my duties, an docúment is bei	the appointment as registered of comply with the provisions of all I am familiar with and acceping filed merely to reflect a character notified in writing of this	agent and agree to act in this capacity, if all statutes relative to the proper and come the obligation of my position as registered age in the registered office address, I hereby change.	plete performance agent. Or, if this v confirm that the
	Collet	7/15/22	
	half of an entity:	Date	
Т;	yped or Printed Name	_	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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