

P210000039943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

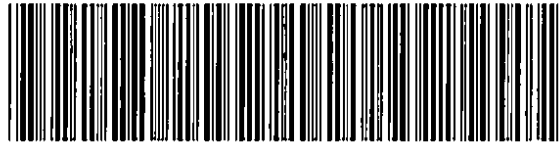
(Business Entity Name)

(Document Number)

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FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 10/20/21

NAME: NEUVIO INCORPORATED

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

a. Hodge

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEUVIO INCORPORATED
Name of Corporation

DOCUMENT NUMBER: P21000039943

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:

Jason Stark
Name of Contact Person
Next Legal
Firm/Company
1395 Brickell Ave., Suite 950
Address
Miami, FL 33131
City/State and Zip Code
jason@nextlegal.us

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

For further information concerning this matter, please call:

Stephen Zagami at (508) 310-1001
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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October 21, 2021

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: NEUVIO INCORPORATED
Ref. Number: P21000039943

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Presently it is unclear as to what changes you wish to make in filing this document as the registered agent information does not appear to be changing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 921A00025650

Please keep original file date

Thank you!

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: NEUVIO INCORPORATED
2. The principal office address: 1512 East Broward Blvd., Suite 205 Fort Lauderdale, FL 33301

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/26/2021 Document number: P21000039943

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)

JASON HAGOPIAN
2590 RIVERVIEW DRIVE
FORT LAUDERDALE, FL 33312

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

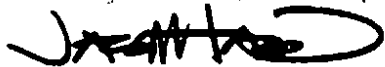
JASON HAGOPIAN
1512 East Broward Blvd., Suite 205
Fort Lauderdale, FL 33301

P.O. Box NOT acceptable

2021 OCT 20 AM 8:10

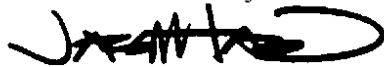
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

JASON HAGOPIAN, 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

10-20-21
Date

If signing on behalf of an entity:

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)