## orida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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(((H170003138263)))



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To:

Division of Corporations

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DEC 0 1 2017

Account Name : C T CORPORATION SYSTEM

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Phone

: (512)418-6949

Fax Number

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\*\*Enter\_the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE NISFI, INC.

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## COVER LETTER

TO;	Amendment Section Division of Corporations					
SUBJI	NISET, Inc.					
	Name of Corporation					
DOCU	P95000088151 MENT NUMBER:					
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	Daniel Kim					
	Name of Contact Person					
	Medieval Times Management, Inc.					
	Firm/Company					
	6363 N State Highway 161, Stc 400					
	Address					
	Irving, TX 75038					
	City/State and Zip Code					
E-mail address: (to be used for future annual report notification)						
For fu	ther information concerning this matter, please call:					
Joy Shi						
	Name of Contact Person at ( 713 332-3793 at ( ) Area Code & Daytime Telephone Number					
Enclos	ed is a \$35.00 check made payable to the Department of State.					
	Malling 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					

CR2E045 (03/12)

To:

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

statement of ch	ange is submitted for	ns 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, a corporation organized under the laws of the State of Florida	this	
,		stered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: NI	(1 h) Con 11 - 10 ( 0 ( 0 10 10 1 1 ) - 750 750 750 750 750 750 750 750 750 750		
2. The principa	d office address: 030	63 N. State Hwy. 161, Suite 400, Irving, TX 75038		·····
3. The mailing	address (if different):	:		
4. Date of inco	rporation/qualificatio	n: 11/16/1995 Document number: P95000088151		
		c current registered agent and registered office on file with the asigned, enter resigned)		
	Celeste Lanuza			
	4570 W, Irio Bronso	on Mem Ifwy		
	Kissimmee, FL 3274	42	S. S.	ŢĮ
6. The name ar (if changed)		e new registered agent (if changed) and for registered office	TARAS.	MOV 30
	CT Corporation Sys	stern	200 (F) 170 (F) 170 (F)	
	e/o CT Corporation	System, 1200 South Pine Island Road	ren della	Æ
		P.O. Box NOT acceptable	<u> </u>	9
	Plantation, Florida 3	3324	三三	53
The street address changed will	ess of its registered of be identical.	office and the street address of the business office of its register	red agent,	
Such change wanthorized by	ras authorized by resente board, or the corp	olution duly adopted by its board of directors or by an officer so coration has been notified in writing of the change.	o	
	22/1/2	Daniel Kim, Secretary		
_	ure of air officer or director	Fitnica or types retore and time		
		registered agent and agree to act in this capacity, provisions of all statutes relative to the proper and complete of familiar with and accept the obligation of my position as regis of filed merely to reflect a change in the registered office addres on has been notified in writing of this change.	stered s, I	
By: CFC	rnontilon System	11/27/2017		
	phalait of Registered Agent	Date		
If signing on b	chalf of an entity:			
Joy Shipman, A	sst. Secretary			
	Typed or Printed Name			
		* * * FILING FEE: \$35.00 * * *		

\* \* \* FILING FEE: \$35,00 \* \* :

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CRZE045 (03/12)