

P97000006844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

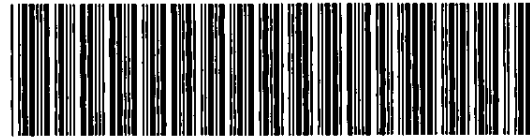
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900261291159

06/16/14--01028--007 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 16 PM 1:08

C. LEWIS
JUN 27 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Niso Maman Sculpting, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000006844

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:

Ronit Maman, Secretary/Treasurer

Name of Contact Person

Niso Maman Sculpting, Inc.

Firm/Company

3545 South Ocean Boulevard, #110

Address

South Palm Beach, FL 33480

City/State and Zip Code

nisoart@yahoo.com

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

For further information concerning this matter, please call:

Ronit Maman

Name of Contact Person

at (561) 315-7430

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: Niso Maman Sculpting, Inc.
2. The principal office address: 317 South H Street, Lake Worth, FL 33480
3. The mailing address (if different): 3545 South Ocean Boulevard, #110, South Palm Beach, FL 33480
4. Date of incorporation/qualification: 1/17/1997 Document number: P97000006844
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)

NRAI

515 East Park Avenue

Tallahassee, FL 32301

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

Registered Agents Inc.

3030 N. Rocky Point Dr. STE 150A

P.O. Box NOT acceptable

Tampa, FL 33607

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.

Ronit Maman
Signature of an officer or director

Secretary/Treasurer
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]
Signature of Registered Agent

5/21/2014
Date

If signing on behalf of an entity:

Dan Keen-President

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 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 16 PM 1:08