From: Kaity Toon

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:

REGISTERED AGENT CHANGE NATIONWIDE INDUSTRIES, INC.

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, 8/11/2025

To:

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organiz r to change its registered office or register	ted under the laws of the State of $\frac{F}{}$	londa	this
	he corporation: Nationwide Industries, Inc.		DF 7C4C1.	
2. The principal	office address: 3505 Cragmont Drive, Tamp	oa, Florida 33619		
3. The mailing a	ddress (if different): 1321 Greenway Drive	, Irving, Texas 75038		
	poration/qualification: 11/05/1990			
5. The name and	I street address of the current registered ag timent of State: (If resigned, enter resigned	ent and registered office on file with	h tlic	
	Corporation Service Company		:	207
	1201 Hays Street			22 AU
	Tallahassee, Florida 32301			2022 AUS 1 O
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or registered offi	ce	PH 12: 2
	C T Corporation System		· •	27
	1200 South Pine Island Road			-
	P.O. Box	NOT acceptable		
	Plantation, Florida 33324			
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business office of its	registe	red agent,
Such change wanthorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officed in writing of the change.	officer s	50
Mark		Navin Rao, Secretary		
	re of an officer or director	Printed or typed name and till		
I hereby accept I further agree of my duties, an document is be corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the seen notified in writing of this change.	agree to act in this capacity, tes relative to the proper and comp pation of my position as registered registered office address, I hereby	piete pe agent. confir	erformance Or if this on that the
C T Corporation	System Syste DOB	8/10/2022		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Lisa DuBoi	s, Assistant Secretary			
T	yped or Printed Name			
	* * * FILING FE	B: \$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)

By: