2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000010973

Entity Name: NOMADSTUDIO, INC.

FILED Feb 01, 2017 Secretary of State CC2939699812

Current Principal Place of Business:

12450 JULIA ST

SEMINOLE, FL 33772-4413

Current Mailing Address:

P.O. BOX 782

ST. PETERSBURG. FL 33731 US

FEI Number: 46-4322352 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOUCHER, CAROLYN P 12450 JULIA ST SEMINOLE, FL 33772-4413 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PD Title TD

Name BOUCHER, CAROLYN P Name RUTISHAUSER, DANIEL S

Address P.O. BOX 782 Address P.O. BOX 782

City-State-Zip: ST. PETERSBURG FL 33731 City-State-Zip: ST. PETERSBURG FL 33731

Title VP Title SECRETARY

Name HUGHES, SABRINA Name SRIRAM, PATRICIA

Address P.O. BOX 782 Address P.O. BOX 782

City-State-Zip: ST. PETERSBURG FL 33731 City-State-Zip: ST. PETERSBURG FL 33731

Title DIRECTOR AT LARGE
Name KEOGH, TIMOTHY
Address P.O. BOX 782

City-State-Zip: ST. PETERSBURG FL 33731

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN P. BOUCHER PRESIDENT

DENT 02/01/2017

Electronic Signature of Signing Officer/Director Detail

Date