

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000007349

**Entity Name:** NPHASE, INC

**Current Principal Place of Business:**

1015 ATLANTIC BLVD #328  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

1015 ATLANTIC BLVD #328  
ATLANTIC BEACH, FL 32233

**FEI Number:** 47-1269776

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLIMES, SCOTT  
620 OCEAN'S BLVD  
ATLANTIC BEACH, FL 32233 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 DP  
Name CLIMES, SCOTT  
Address 620 OCEAN BLVD  
City-State-Zip: ATLANTIC BEACH FL 32233

Title DT  
Name LAMA, MARK  
Address 12783 JEBB ISLAND CIRCLE SOUTH  
City-State-Zip: JACKSONVILLE FL 32224

Title DS  
Name RAO GUDA, JAYAPRAKASH  
Address 22467 SANTA PAULA AVE  
City-State-Zip: CUPERTINO CA 95014

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK LAMA

CFO

01/17/2023

Electronic Signature of Signing Officer/Director Detail

Date