Division of Con haps://effic.sijmb12.002/scripts/efficovr.exe

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Fax Number : (561)694-1639

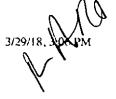
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:____

REGISTERED AGENT CHANGE NIXON RESTAURANT GROUP, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

HAR 3 0 2013 T. LEMIZUX



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 co	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this rporation organized under the laws of the State of Florida office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Nixon	n Restaurant Group, Inc.
•	0 W 64th Ave, Unit E1A, Arvada, CO 80007
3. The mailing address (if different):	
4. Date of incorporation/qualification:	10/12/2015 Document number: P15000084115
	rent registered agent and registered office on file with the
Hirschy, Bill	
5100 SW 103rd	l St Rd
Ocala, FL 3447	6
(if changed): Corporate Creat 11380 Prosperit Palm Beach Ga	tions Network Inc. Ty Farms Road #221E PO.Box NOT acceptable rdens, FL 33410
The street address of its registered office as changed will be identical.	e and the street address of the business office of its registered agent,
Such change was authorized by resolution authorized by the board, or the corporation	on duly adopted by its board of directors or by an officer so ion has been notified in writing of the change.
Provid Files	Jenisa Irizarry, Attorney-in-Fact
I further agree to comply with the provis performance of my duties, and I am fami	Finited or typed name and title stered agent and agree to act in this capacity, sions of all statutes relative to the proper and complete ilian with and accept the obligation of my position as registered d merely to reflect a change in the registered office address, I heen notified in writing of this change.
Rusa Freds	3/29/2018
Signature of Registered Agent	Date
If signing on behalf of an entity;	Jenisa Irizarry, Special Secretay
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, Tallahasset, FL 32314 CR2E045 (03/12)