## F13000002277

(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:
İ

Office Use Only



100401138121

01/31/23--010:6--017 \*\*35.00

2023 JAN 31 PM 1: 00

BB Croud

APR 0 5 2023 D CUSHING

## **COVER LETTER** TO: Amendment Section Division of Corporations SUBJECT: N.C.W.C., Inc. Name of Corporation DOCUMENT NUMBER: F13000002277 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: Ryan Rush Name of Contact Person N.C.W.C., Inc. Firm/Company 1580 N. Point Prairie Road Address Wentzville, MO 63385 City/State and Zip Code ryan.rush@y2yc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 639-1880 Ryan Rush

Enclosed is a \$35.00 check made payable to the Department of State.

į.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Name of Contact Person

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Area Code & Daytime Telephone Number

CR2E045 (04/13)

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

		ce or registered agent, or both, in the State of Florida.
	the corporation: N.C.W.C., Ir office address: 3430 Sunset	
2.77	11 (15.1165)	
_	address (if different):05/24	/13 Document number: F13000002277
5. The name ar		registered agent and registered office on file with the
	Corporation Service Con	npany
	1201 Hays Street	
	Tallahassee, FL 32301-2	2525
6. The name ar (if changed):	-	ristered agent (if changed) and /or registered office
	Registered Agents Inc	
	7901 4th St N STE 300	2023 57 C
	St. Petersburg FL 33702	P.O. Box NOT acceptable
The street addr	ress of its registered office and libe identical.	d the street address of the business office of its registered agent.
		uly adopted by its board of directors or by an officer so =
	±	Vajira Samararatne
I hereby accep I further agree of my duties, a document is be	ture of an officer or director  If the appointment as registers  If to comply with the provision  Ind I am familiar with and accessing filed merely to reflect a case  as been notified in writing of t	Printed or typed name and title ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the his change.
Dund Some	:	January 23, 2023
	ignature of Registered Agent	Date
If signing on b	pehalf of an entity:	
David Rober	ts	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)