# 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: RYAN M. ADAIR

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# N12000010206

Entity Name: NORTH BAY PROFESSIONAL FIREFIGHTERS INC.

### **Current Principal Place of Business:**

1024 WHITE POINT ROAD NICEVILLE. FL 32578

### **Current Mailing Address:**

PO BOX 5302 NICEVILLE. FL 32578

## FEI Number: 59-3174361

## Name and Address of Current Registered Agent:

ADAIR, RYAN M 1513 PINE STREET NICEVILLE, FL 32578 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

## **Officer/Director Detail :**

Title	PRESIDENT	Title	TRES
Name	ARK, NATE	Name	ADAIR, RYAN M
Address	PO BOX 5302	Address	PO BOX 5302
City-State-Zip:	NICEVILLE FL 32578	City-State-Zip:	NICEVILLE FL 32578

SEC/TREASURER

01/27/2017

Date

FILED Jan 27, 2017 Secretary of State CC2836785362

Certificate of Status Desired: No

Date