

155888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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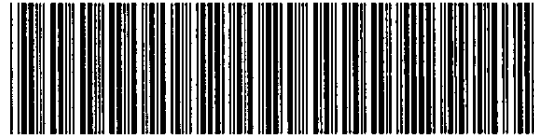
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR 27 PM 4:01

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NuAir Manufacturing Company
Name of Corporation

DOCUMENT NUMBER: Don't know it. Company closed Fall 2008. Records gone

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:

Conchita E. Horner

Name of Contact Person

Registered Agent

Firm/Company

6425 Lake Shore Drive, N.

Address

St. Petersburg, FL 33710

City/State and Zip Code

chorner01@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Conchita Horner

Name of Contact Person

at **813 765-0045**

Area Code & Daytime Telephone Number

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

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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 corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NuAir Manufacturing Company
2. The principal office address: OLD: 6613 Twelve Oaks Blvd., Tampa, FL 33634
3. The mailing address (if different): NEW: 6425 Lake Shore Drive, N., St. Petersburg, FL 33710
4. Date of incorporation/qualification: 1946 Document number: Don't know it #155888
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
6613 Twelve Oaks Blvd.
Tampa, FL
33634
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
6425 Lake Shore Drive, N.
St. Petersburg, FL
P.O. Box NOT acceptable
33710

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Conchita E. Horner / Registered Agent

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

April 19, 2017

Date

If signing on behalf of an entity:

Conchita E Horner

Typed or Printed Name

*** FILING FEE: \$35.00 ***