

849141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

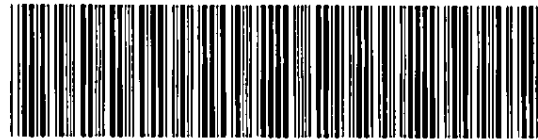
Certified Copies _____ Certificates of Status _____

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J. HORNE

NOV 17 2023

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Filing Office
Tallahassee, FL

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2023 NOV 16 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/16/2023

****WALK IN****

ENTITY NAME MALNOVE INCORPORATED OF FLORIDA

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 35.00

ACCOUNT # 120160000072

W: C SW

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MALNOVE INCORPORATED OF FLORIDA
Name of Corporation

DOCUMENT NUMBER: 849141

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:

KIM NELSON

Name of Contact Person

KOLEY JESSEN P.C., L.L.O.

Firm/Company

1125 SOUTH 103RD STREET, SUITE 800

Address

OMAHA, NE 68124

City/State and Zip Code

KIMBERLY.NELSON@KOLEYJESSEN.COM

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

For further information concerning this matter, please call:

KIM NELSON

Name of Contact Person

at (402)

343-3818

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 NEBRASKA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MALNOVE INCORPORATED OF FLORIDA
2. The principal office address: 10500 CANADA DR, JACKSONVILLE, FL 32218
3. The mailing address (if different): 13434 F STREET, OMAHA, NE 68137
4. Date of incorporation/qualification: 05/15/1981 Document number: 849141
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

UNIVERSAL REGISTERED AGENTS, INC.

1317 CALIFORNIA STREET

P.O. Box NOT acceptable

TALLAHASSEE, FL 32304

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 its officer or director

DALE HOUCK, PRESIDENT

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

9.20.2023
Date

If signing on behalf of an entity:

Sarah Moore
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, TALLAHASSEE, FL 32314
CR2E045 (04/13)

23 NOV 16 14:52