

FII 0000004614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

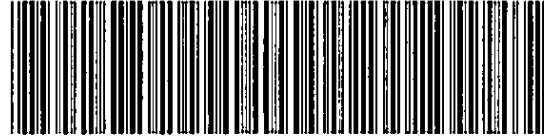
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 FEB 18 PM 1:51
ALABAMA SECRETARY OF REVENUE

Amund

FEB 24 2020

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NAHGA, INC.
Name of Corporation

DOCUMENT NUMBER: F11000004614

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas CHAMBERS
Name of Contact Person

NAHGA, INC.
Firm/Company

88 MAIN ST
Address

BRECKEN, MEADOWS
City/State and Zip Code

TomC@NAHGACLAIR.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas CHAMBERS at (207) 803-2690
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|

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



2020 FEB 10 AM 5:36

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2020

NAHGA CLAIM SERVICES
88 MAIN STREET
BRIDGTON, ME 04009

SUBJECT: NAHGA, INC.
Ref. Number: F11000004614

We have received your document for NAHGA, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The update can be made on the enclosed amendment form.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 420A00002295



NAHGA

CLAIM SERVICES

WHERE STELLAR SERVICE IS NO ACCIDENT

12.26.2019

To the applicable department,

Please see the updated ownership outline for NAHGA, Inc. We are registered in your state and sending these documents as a notification of the update. **If another form is required by your state please email me or call direct at 207-803-2690.** Thank you.

Thomas Chalmers
Compliance Manager
Tomc@nahgaclaims.com
207-803-2690

RECEIVED

JAN 02 2020

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F11000024614
(Document number of corporation (if known))

2020 FEB 18 PM 1:57
FILED
SIX MONTHS

1. N/AHGA, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. MAINE 3. 11/15/2011
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. N/A
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.
N/A
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
N/A
(New jurisdiction)

8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
N/A

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

2% OF OWNERSHIP

Title/Capacity	Name	Address	Type of Action	% OWNED
VICE PRESIDENT	BRIAN CHALERS	28 MAIN ST, BOSTON MA 02109	<input checked="" type="checkbox"/> Add Remove	45.6%
VICE PRESIDENT	MARLEY CHALERS	11	<input checked="" type="checkbox"/> Add Remove	4.4%
SECRETARY	THOMAS CHALERS	11	<input checked="" type="checkbox"/> Add Remove	4.4%
PRESIDENT TREASURER	WILLIAM CHALERS	11	<input checked="" type="checkbox"/> Add Remove	45.6%
			<input type="checkbox"/> Add Remove	
			<input type="checkbox"/> Add Remove	

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

THOMAS CHALERS

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

FILING FEE \$35.00