F110000004614

(Requestor's Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
0 111 1 5 1 5 0 0
Special Instructions to Filing Officer:
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COVER LETTER

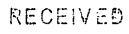
TO: Amendmer	nt Section Division of Corporation	ons					
SUBJECT: NAHG/					_		
		e of Corporation					
DOCUMENT NUM	1BER:			<u> </u>	_		
The enclosed Amen	dment and fee are submitted for	filing.					
Please return all cor	respondence concerning this ma	tter to the following:	:				
Thomas Chalmers							
	Name of Contact Person						
NAHGA, INC							
	Firm/Company				(7	202	
88 Main St				•		2022 JUL 26 PM 4:47	AP II.
	Address				₹₹. 1271	. 26	**1.
Bridgton ME 04009	•			•		- 0	1
	City/State and Zip Code						14.51
tomc@nahgaclaims				;	- 117	1	
E-mail addres	s: (to be used for future annual r	report notification)					
For further informat	ion concerning this matter, plea	se call:					
Thomas Chalmers		207 at (4150197				
Name	of Contact Person	Area Code	& Daytime	Telephone Number			
Enclosed is a check	for the following amount:						
∑\$35 Filing Fee ↓ HUGO HUG	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Copy	•	□ \$52.50 Filing Certificate of St 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





s c William Filhe

2022 JUL 26 AM 10: 33

June 15, 2022

THOMAS CHALMERS NAHGA, INC. 88 MAIN ST BRIDGTON, ME 04009

SUBJECT: NAHGA, INC. Ref. Number: F11000004614

We have received your document for NAHGA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I am sorry but we cannot figure out what you are trying to amend. Please complete the application legibly and return the proper documents to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 522A00013401

Diane Cushing Senior Section Administrator

www.sunbiz.org

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)

	F11000004614					
	(Document numb	per of corporation (if known)				
NAHGA, II	NC.					
'' 	(Name of corporation as it appea	rs on the records of the Departi	nent of State)		
Maine 2		3.11/15/2011				
	(Incorporated under laws of)	(Date authori	zed to do bus	siness in Flor	ida)	_
		SECTION II	ICES)			
	(4-7 COMPLETE ONL)	Y THE APPLICABLE CHAN	(GES)			
4. If the amen incorporat	idment changes the name of the corporation, when vion? N/A	-	he laws of its	jurisdiction	of	
(Name of o	corporation after the amendment, adding suffix "coned in new name of the corporation)	poration," "company," or "inco	orporated," or	appropriate	abbrevi	iation, i
(If new nan	ne is unavailable in Florida, enter alternate corporat	e name adopted for the purpose	of transactin	ig business in	n Florid	la)
6. If the	amendment changes the period of duration, indicate	e new period of duration.		, co	207	
	N/A				2022 JUL	17. #5
	(1)	New duration)				:
					26	* ## 2%
7. If the	amendment changes the jurisdiction of incorporation	on, indicate new jurisdiction.		4 	PM 4:4	, i j
	N/A					المسو
	(No	ew jurisdiction)	·	, <u></u>	147	
	ng the registered agent and/or registered office a		ame of the			
new regist	tered agent and/or the new registered office add	ress:				
<u>Name</u>	of New Registered Agent	<u> </u>		<u> </u>		
	N/A					
	(Florida	a street address)				
New Re	gistered Office Address: N/A		, Florida _			
		(City)		(Zip Code)		
New Reg	istered Agent's Signature, if changing Registered	d Agent:				
I hereby a	ccept the appointment as registered agent. I am fa	miliar with and accept the obli	gations of the	position.		
	Signature of New Registered Agent, if chan	ging				

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
VP	Bruce Chalmers	88 Main St Bridgton Maine 04009	□Add
			© Remove
resident	Marney Chalmers	88 Main St Bridgton Maine 04009	
			CRemove
VP	Mamey Chalmers	88 Main St Bridgton Maine 04009	QAdd
			ERemove
Chairma v	William Chalmers	88 Main St Bridgton Maine 04009	[∄Add
			CRemove
VP of CLADIS	Jennifer Park	88 Main St Bridgton Maine 04009	☑Add
			Remove
Attached is a of the applica under the law	certificate or document of similar imp tion to the Department of State, by the S s of which it is incorporated.	ort, evidencing the amendment, authenticated Secretary of State or other official having custoo	not more than 90 days prior to deli dy of corporate records in the jurisdic
	(Signature of a	director, president or other officer - if in the hi	ands of
	(Signature of a a receiver or of a trans CHALARS (Typed or printed name of person sign	ther court appointed fiduciary, by that fiduciary	ands of y) M(Ly person signing)

FILING FEE \$35.00