

F110000004614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

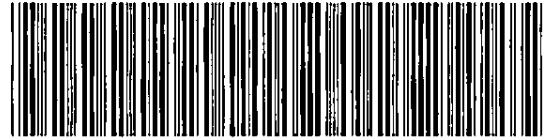
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000415492390

09/13/23--01010--007 **35.00

0.00

CCF-6 2023

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 Chalmers

Name of Contact Person

NAHGA, INC

Firm/Company

88 Main St

Address

Bridgton ME 04009

City/State and Zip Code

tomc@nahgaclaims.com

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

For further information concerning this matter, please call:

Thomas Chalmers

at (207) 4150197

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

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.)

2:30

SECTION I
(1-3 MUST BE COMPLETED)

F11000004614

(Document number of corporation (if known))

1. NAIIGA, 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? N/A
5. _____
(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 amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____
N/A
(Florida street address)

New Registered Office Address: N/A _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

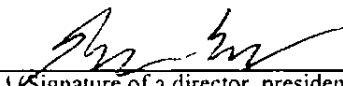
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

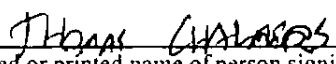
9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
VP	Jennifer Park	88 Main St Bridgton Maine 04009	<input type="checkbox"/> Add
_____	_____	_____	<input checked="" type="checkbox"/> Remove

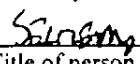
10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws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



 (Typed or printed name of person signing)



 (Title of person signing)

FILING FEE \$35.00



8.31.2023

To the applicable department,

To the applicable department,

As of 8/18/2023 Please see the updated Officers of the company (NAHGA, INC – 010467788)

Jennifer Park is removed as an officer of VP of Claims.

All other individuals remain the same.

We are an out of State Corporation in your system and sending these documents as a notification of the update. If another form or further information for either update 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