Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:			

REGISTERED AGENT CHANGE NATIONAL DOMESTIC WORKERS ALLIANCE, INC.

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OCT 2 9 2021

A. LUNT

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: NATIONAL DOMESTIC WORKERS	ALLIANCE, INC.
Name of Corporation	
DOCUMENT NUMBER: F13000002912	
The enclosed Statement of Change of Registered (Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
MORGAN NOBLE	
Name of Contact Person	
Firm/Company	
7901 4TH ST N. STE 300	
Address	
ST. PETERSBURG, FL 33702	
City/State and Zip Code	
eastern@northwestregisteredag	gent.com
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, ple	rase call:
Morgan Noble	at (509) 768-2249 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the D	epartment of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of secti statement of change is submitted f in order to change its res	for a corporation organ		State of NEW YO				
		TIC WORKERS ALLIANC	•				
1. The name of the corporation:	45 BROADWAY, SUI	TTE 320					
2. The principal office address:	NEW YORK, NY 100	· - , ·					
3. The mailing address (if different	wt):						
4. Date of incorporation/qualificat			F13000002912				
The name and street address of Florida Department of State: (If	the current registered a	gent and registered office					
INCORP SERV	VICES, INC.			ن د			
17888 67TH CC	OURT NORTH			2021 OCT 28			
LOXAHATCH	EE, FL 33470	i maga	<u>.</u>	CT 28			
6. The name and street address of (if changed):	the new registered age	nt (if changed) and /or regi	stered office	AM 10:			
NORTHWE	NORTHWEST REGISTERED AGENT LLC						
7901 4TH ST	7901 4TH ST N. STE 300						
	P.O. Bo	x NOT acceptable					
ST. PETERSE	BURG, FL 33702						
The street address of its registere as changed will be identical.	ed office and the street	address of the business of	ffice of its register	ed agent,			
Such change was authorized by rauthorized by the board, or the c	resolution duly adopted orporation has been no	d by its board of directors stified in writing of the ch	or by an officer so ange.	,			
Mariana Vitori	 T	Mariana Viturro / Pr					
Signature of an officer or direct		Printed or typed					
I hereby accept the appointment I further agree to comply with th of my duties, and I am familiar w document is being filed merely to corporation has been notified in	as registered agent an e provisions of all stat vith and accept the obl o reflect a change in th writing of this change	d agree to act in this cape utes relative to the proper igation of my position as t e registered office addres	acity. r and complete per registered agent. (ss, I hereby confirm	formance Or, if this i that the			
Signature of Registered As	•	10/27/2021					
Signature of Registered Ag	zent	Dat	CC				
If signing on behalf of an entity:							
Morgan Noble / Authorized Repres	entative						
Typed or Printed Name							
	* * * FILING FE	EE: \$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)