

F13 00000 2912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

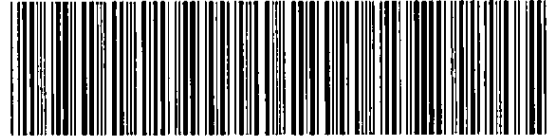
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700418860557

2023 DEC -6 AM 9:17

RECEIVED

2023 DEC -6 AM 9:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 12/5/2023

PRIORITY Expedite

OUR REF # (Order ID#) 1210288

ORDER ENTITY

NATIONAL DOMESTIC WORKERS ALLIANCE, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

NATIONAL DOMESTIC WORKERS ALLIANCE, INC. (FL)

File the attached change of agent document

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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 matter to the following:

Lauren Flores

Name of Contact Person

Harbor Compliance

Firm/Company

1830 Colonial Village Ln

Address

Lancaster, PA, 17601

City/State and Zip Code

corporate@labyrinthinc.com

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

For further information concerning this matter, please call:

Lauren Flores

Name of Contact Person

at (717) 844-9826

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