

F13000004197

(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



600289980986

09/12/16--01035--004 \*\*35.00

*R. White*  
SEP 16 2016  
R. WHITE

FILED  
16 SEP 12 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NEWKIRK PRODUCTS, INC.  
\_\_\_\_\_

Name of Corporation

**DOCUMENT NUMBER:** F13000004197  
\_\_\_\_\_

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:

Carol Glospie  
\_\_\_\_\_

Name of Contact Person

Newco Corporate Services, Inc.  
\_\_\_\_\_

Firm/Company

274 Madison Avenue, Suite 801  
\_\_\_\_\_

Address

New York, NY 10016  
\_\_\_\_\_

City/State and Zip Code

karen.ryan@broadridge.com  
\_\_\_\_\_

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

For further information concerning this matter, please call:

Carol Glospie  
\_\_\_\_\_

Name of Contact Person

at ( 212 ) 356-8340  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (03/12)

**NewCo Corporate Services, Inc.**

274 MADISON AVENUE, SUITE 801  
NEW YORK, NY 10016

212 356-8340

[carol@newcocorporate.com](mailto:carol@newcocorporate.com) 212 356-8379

SEPTEMBER 8, 2016

SECRETARY OF STATE  
FLORIDA DIV. OF CORPS.  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

RE: NEWKIRK PRODUCTS, INC.

DEAR SIR/MADAM:

WE ENCLOSE THE COA FOR THE ABOVE ENTITY, TOGETHER


WITH OUR CHECK FOR \$ 35.00 PAYABLE TO THE STATE.

FILE AND OBTAIN FILE-STAMPED EVIDENCE.

ANY QUESTIONS OR PROBLEMS, CONTACT ME BELOW.

THANK YOU.

SINCERELY,

  
CAROL GLOSPIE  
SENIOR CORP. SPECIALIST

CG/ENC.

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: NEWKIRK PRODUCTS, INC.
2. The principal office address: 15 Corporate Circle, Albany, NY 12203-5154
3. The mailing address (if different): 333 West 11th St., Kansas City, MO 64105
4. Date of incorporation/qualification: 09/27/2013 Document number: F13000004197

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.


Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Adam D. Amsterdam

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

By: NRAI Services, Inc.  
  
Signature of Registered Agent

AUGUST 30, 2016

Date

If signing on behalf of an entity:

Carol Glospie, Asst. Secretary

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

SECRET  
TALLAHASSEE, FLORIDA

16 SEP 12 PM 2:52

FILED