F14000001791

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Emity Maine)
(Document Number)
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COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: Nichols Contracting, Incorporated			
Name of Corporation			
DOCUMENT NUMBER: F14000001791		. <u> </u>	
The enclosed Statement of Change of Registered	l Office/Agent and fee are subm	nitted for filing.	
Please return all correspondence concerning this	matter to the following:		
Frederick Nichols, President			
Name of Contact Person			
Nichols Contracting, Inc.		*.3	
Firm/Company			
9190 Red Branch Road, Suite 200			
Address			
Columbia, MD 21045		\$ C O	• • •
City/State and Zip Code			; ; j
edevroye@nicholscontracting	g.com	: SI	
E-mail address: (to be used for future annual	report notification)	AH 5: 34 GF STATE SSEE, FL	
For further information concerning this matter, p	please call:		
Tyler Nichols	at (301) 252-2 Area Code & Day	2687	
Name of Contact Person	Area Code & Day	time Telephone Nun	ıber
Enclosed is a \$35.00 check made payable to the	Department of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporation	ons	
P.O. Box 6327	The Centre of Tallahas		
Tallahassee, FL 32314	2415 N. Monroe Stree Tallahassee, FL 32303		

CR2E045 (04/13)

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

• . .

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida nge is submitted for a corporation organized under the laws of the State of r to change its registered office or registered agent, or both, in the State of .	Mary	land	is
I. The name of t	he corporation: Nichols Contracting, Incorporated			
	office address: 9190 Red Branch Road, Suite 200, Columbia, MD 21045			
	ddress (if different):			
4. Date of incorp	poration/qualification: September 9, 1991 Document number: F140000	01791		
5. The name and	street address of the current registered agent and registered office on file witment of State: (If resigned, enter resigned)			
	C T Corporation System			
	1200 South Pine Island Road	_	ر.، ا	
	Plantation, FL 33324	<i>.</i>	• .	
6. The name and (if changed):		ffice -<	(-5 A	Tii
	Frederick Nichols	S	ે. ⊒ઃ	ز
	2126 NE River Court] <u> </u>	: <u>သ</u> ူ	
	P.O. Box NOT acceptable			
	Jenson Beach, FL 34957	_		
The street address changed will	ss of its registered office and the street address of the business office of ibe identical.	its reg	istere	d agent,
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by are board, or the corporation has been notified in writing of the change.	ı offic	er so	
19	Tyler Nichols, Secretary			
Commen	20-18 art Officer or director Printed or typed name and			_
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and code at am familiar with and accept the obligation of my position as registering filed merely to reflect a change in the registered office address. I here been notified in writing of this change.	mplete ed age eby co	e perfe ent. O nfirm	ormance Fr. if this that the
- Asig	nature of Registered Agent Date	<u> </u>	- _	
If signing on be	half of an entity:			
Tī.	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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