

# F15000604045

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

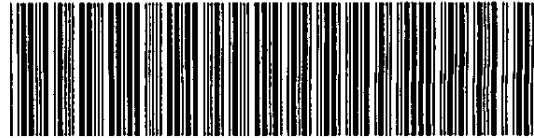
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900303808119

09/25/17--01013--009 \*\*35.00

FILED  
SEP 25 12 19  
TALAMON, SEB, REBAILA

SEP 26 2017

T. LEMUEUX

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NT Florida Managers Corp.  
Name of Corporation

DOCUMENT NUMBER: F1500004045

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:

Regan McCrady  
Name of Contact Person

NT Florida Managers Corp.  
Firm/Company

4920 Conference Way North  
Address

Boca Raton, Fl. 33431  
City/State and Zip Code

accounting@officetechpm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regan McCrady at (561) 997-1111  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.  
CR2E045 (03/12)

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

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NT Florida Managers Corp
2. The principal office address: 4920 Conference Way North, Boca Raton, FL 33431
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/11/2015 Document number: FL5000004045
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)

Regan McCrady  
5000 T-Rex Avenue Suite 100  
Boca Raton, FL 33431

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

Regan McCrady  
4920 Conference Way North  
Boca Raton, FL 33431

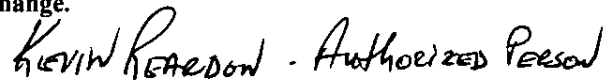
P.O. Box NOT acceptable

FILED  
SEP 25 P 12:20  
TALLAHASSEE, FLORIDA

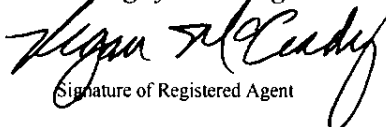
The street address of its registered office and the street address of the business office of its registered agent, as ~~changed will be identical~~

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

  
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.

  
Signature of Registered Agent

9/24/17  
Date

If signing on behalf of an entity:  
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)