## F664445

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D.		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
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SECRETARY OF STATE

JQ 64/30/20

## **COVER LETTER**

TO:

Amendment Section

Division of Corporations
SUBJECT: NFC Construction + Rental Co. Name of Corporation
DOCUMENT NUMBER: F66445
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:
Name of Contact Person  Florida Mechanical Systems, Inc.  Firm/Company  526 Stockton St.  Address  Tacksonville FL 32204  City/State and Zip Code  Cking & flnech.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carol King at (904) 394-7243 Name of Contact Person 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

CR2E045 (04/13)

## 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: NFC Construction & Rental Co.
2. The principal office address: 526 Stockton St.
Jacksonville, FL 32204
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/9/1982 Document number: F66445
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)
Cold, Kathy
Jacksonville, FL 32202
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Cold Kathleen H Lippes, Mathias, Wexler, Frieding
10151 Decrwood Park Bonlevard Building 300 Suite 300 P.O. Box NOT acceptable
Jacksonville FL 32256
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.
Michael C. Whitener President  Signature of an officer or director  Michael C. Whitener President
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.
Keem V (del) 129/2020 Signature of Registered Agent 129/2020
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
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