F83397

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Marine)
(Document Number)
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8. PRATHER

COVER LETTER

Amendment Section
Division of Corporations

TO:

SUBJECT: NFS MONITORING, INC.	
Name of Corporation	
DOCUMENT NUMBER: F83397	
The enclosed Statement of Change of Registered	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	_
Justin S. Munizzi, Esq.	
Name of Contact Person	
The Munizzi Law Firm	
Firm/Company	
101 N. Woodland Blvd., Suite 601	
Address	
DeLand, FL 32720	
City/State and Zip Code	
Legal@munizzilaw.com	
E-mail address: (to be used for future annual	report notification)
·	•
For further information concerning this matter, p	please call:
Justin S. Munizzi	at (⁴⁰⁷) 501-5500
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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	ange is submitted for a corporation organ	ized under the laws of the State of Florida		_
		ered agent, or both, in the State of Florida	L	
	the corporation: NFS MONITORING, INC office address: 150 CANDACE DRIVE M			
2. the principal	office additions.			—
3. The mailing a	address (if different): 2606 Parkland dr Wi	nter Park, FL 32789		
	poration/qualification: 06/01/1982	Document number: F83397		
	I street address of the current registered at truent of State: (If resigned, enter resigne			
	Owen DeTardo			2
	3014 Fairway Ln			2024 i
	Orlando, FL 32804			ÁI, 6
			, - . - -	20
The name and (if changed):	l street address of the new registered agen	t (if changed) and /or registered office		==
	The Munizzi Law Firm		<u> </u>	. 5 6:
	101 N. Woodland Blvd., Suite 601		4.	ت.
	P.O. Box	NOT acceptable		
	DeLand, FL 32720			
The street addre	ss of its registered office and the street a be identical.	address of the business office of its regist	tered ager	ıt,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an officer ified in writing of the change.	so	
	121/2	Owen DeTardo, President		
•	e of an officer or diffector	Printed or typed name and title		-
i juriner agree i Of my duties, an document is bei	the appointment as registered agent and o comply with the provisions of all statu d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity. les relative to the proper and complete p gation of my position as registered agent registered office address, I hereby confi	erforman Or, if the rm that th	ice his he
	John Michon	08/01/2024		
Signing on bel	adure of Registered Agent	Date		-
Justin S. Munizzi	, PDST			
Ty	ped or Printed Name			

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

MAKE CHECKS PAVABLE TO ELODIDA DEPARTMENT OF STATE