

659421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

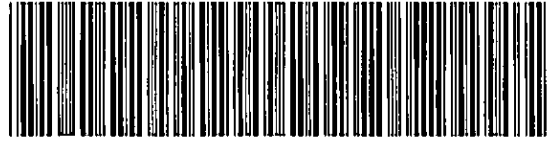
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 JUL -9 P 12:14

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JUL 12 2018

T. L. LEECH

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NALIN MASTER P.A.  
Name of Corporation

DOCUMENT NUMBER: G 59421

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:

NALIN MASTER  
Name of Contact Person

NALIN MASTER P.A.  
Firm/Company

671, GODDLETTE RD. N. #110,  
Address

NAPLES FL- 34102  
City/State and Zip Code

nalinmaster@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NALIN MASTER at ( 239 ) 263-6766.  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2018

NALIN MASTER  
671 GOODLETTE RD N #110  
NAPLES, FL 34102

SUBJECT: NALIN MASTER, P.A.  
Ref. Number: G59421

We have received your document for NALIN MASTER, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are changing the registered agent or registered office you must add that information in section 6.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 318A00013521

RECEIVED  
18 JUL -9 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: NALIN MASTER P.A.  
2. The principal office address: 671, GOODLETTE RD, N, #110, NAPLES, FL-34102  
3. The mailing address (if different): Same As Above

4. Date of incorporation/qualification: 9/30/1983. Document number: G59421

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~~)

NALIN MASTER  
671, GOODLETTE RD, N, #110, NAPLES, FL-34102

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

NALIN MASTER  
671, GOODLETTE RD, N, #110  
NAPLES, FL-34102

P.O. Box NOT acceptable

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]  
Signature of an officer or director

NALIN MASTER PRESIDENT  
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]  
Signature of Registered Agent

6/25/2018  
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