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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: NCTM, Inc.
Name of Corporation
DOCUMENT NUMBER: J48578
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:
H. Randal Brennan
Name of Contact Person
Brennan & Kretschmer
Firm/Company
P.O. Box 520
Address
Vero Beach, Florida 32961-0520
City/State and Zip Code
claudia@veroattorneys.com and hrb@veroattorneys.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
H. Randal Brennan 772 778-3777
H. Randal Brennan  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  Street Address:  Amendment Section  Division of Corporations

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## LAW OFFICES OF BRENNAN & KRETSCHMER

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS 1443 20' Street, Suite A P.O. Box 520 VERO BEACH, FLORIDA 32961-0520

www.veroattorneys.com

TELEPHONE: (772) 778-3777

FACSIMILE: (772) 778-3835

FRED L. KRETSCHMER, JR.

H. RANDAL BRENNAN †\*

†BOARD CERTIFIED CIVIL TRIAL LAWYER \*CERTIFIED CIVIL MEDIATOR

July 11, 2018

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Statement of Change of Registered Office or Registered Agent or Both for

Corporations of NCTM, Inc.

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both of NCTM, Inc. together with our check for the filing fee in the amount of \$35.00. If you need any additional information, please give me a call.

Very trûly yours,

BRENNÁN & KRETSCHMER

By\_\_\_\_H. Randal Brennan

HRB:cla

Enclosure: Statement of Change of Registered Office or Registered Agent or Both

Check

cc: Ned P. Curtis

## 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.
I. The name of the corporation: NCTM, INC.
2. The principal office address: 5055 5th Place, Vero Beach, Florida 32968
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/23/1986 Document number: J48578
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)
Ned P. Curtis
3055 Cardinal Drive, Suite 202
Vero Beach, Florida 32963
Vero Beach, Florida 32963  6. The name and street address of the new registered agent (if changed) and /or registered affice (if changed):  Todd E. Miller
Todd E. Miller
5055 5th Place
Vero Beach, Florida 32968
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.
Wedli with he sident Ned P. Curtis, 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.
John F MM V. P. 7/5/2018 Signature of Registered Agent Date
If signing on behalf of an entity:
Todd E. Miller  Typed or Printed Name

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