

U8000 268528

(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)

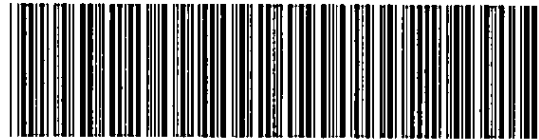
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19 APR 29 AM 7:37  
TALLAHASSEE, FLORIDA

APR 30 2019  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2019

DON ETHERIDGE  
NCF CORPORATION  
707 NORTH FRANKLIN STREET STE 800  
TAMPA, FL 33602

SUBJECT: NCT-169, LLC  
Ref. Number: L18000268528

We have received your document for NCT-169, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 419A00007462

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2019 APR 29 PM 3:37

RECEIVED  
TALLAHASSEE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NCT-169, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

c/o Don Etheridge

\_\_\_\_\_  
Name of Person

NCF Corporation

\_\_\_\_\_  
Firm/Company

707 NORTH FRANKLIN STREET, SUITE 800

\_\_\_\_\_  
Address

TAMPA, FL 33602

\_\_\_\_\_  
City/State and Zip Code

detheridge@ncfgiving.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Etheridge

404

252-0100

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: NCT-169, LLC

2. (a) NCF Corporation

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

707 NORTH FRANKLIN STREET, STE 800  
TAMPA, FL 33602

(b) NCF Corporation

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

707 NORTH FRANKLIN ST, STE 800  
TAMPA, FL 33602

11/16/2018

L18000268528

3. Date of filing/registration in Florida

4. Document number

5. (a) Etheridge, Don

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

707 NORTH FRANKLIN STREET, SUITE 800

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33602

(b) NCF CORPORATION

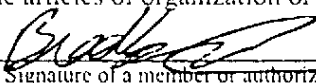
Enter name of NEW Registered Agent and/or NEW Registered Office address

707 NORTH FRANKLIN STREET, SUITE 800

NEW Registered Office Address:

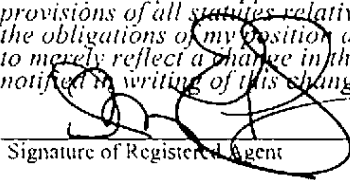
TAMPA, FL 33602

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Bralley Orr  
Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA