L96390

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/21p/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800291354258

11/14/16--01017--004 **35.00

SUPPLIAR OF CORPORATIONS

MA TESTILE

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Newton & Associates, Inc.

Name of Corporation

DOCUMENT NUMBER, L96390

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:

Frank C. Newton, Jr., Secretary

Name of Contact Person

Newton & Associates, Inc.

Firm/Company

1806 Rocky River Road

Address

Charlotte, NC 28213

City/State and Zip Code

naiclt@newtonandassociates.com

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

For further information concerning this matter, please call:

Frank C. Newton, Jr.

.704 .597 4384

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

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: Newton & Associates, inc.
2. The principal office address: 1806 Rocky River Road, Charlotte NC 28213
3. The mailing address (if different):
4. Date of incorporation/qualification: August 24, 1990 Document number: L96390
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)
Resigned
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): REGISTERED AGENTS INC.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
REGISTERED AGENTS INC.
3030 N. Rocky Point Drive, STE 150A
P.O. Box NOT acceptable
Tampa, FL 33607
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 of an officer or director FRANK C Newton Ja. Secretary
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 of Registered Agent No V 10, 20 16
If signing on behalf of an entity:
Bill Havre/Assistant Secretary
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