## M12000005446

(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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## **COVER LETTER**

_	of Corporations	
SUBJECT: NTI FINISHFIRST FLORIDA, LLC		
	Name of	f Limited Liability Company
Dear Sir or Mada	m:	
The enclosed Reg	gistered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all	correspondence concernin	g this matter to the following:
JAC	K MELAND	
	Name of Person	- <del>,</del>
NTI F	INISHFIRST FLORIDA	A, LLC
	Firm/Company	<del> </del>
PO E	3OX 2869	
	Address	
VAN	COUVER, WA 98668	
	City/State and Zip Code	
NTIFIN	SHFIRST@GMAIL.CO	M
	to be used for future annual repor	
For further inform	nation concerning this ma	tter, please call:
JAC	K MELAND	at ( 800 ) 998-9208
Na	me of Person	Area Code & Daytime Telephone Number
STREET/	COURIER ADDRESS:	MAILING ADDRESS:
Registration Section		Registration Section
•		Division of Corporations
Clifton Bu		P.O. Box 6327
	utive Center Circle e, Florida 32301	Tallahassee, Florida 32314
Enclosed	is a check for the follow	ring amount:
\$25 Fil	ing 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 608.416 or 608.508, 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: NTI FINISHFIRST FLORIDA, LLC

2. (a) Principal office address of limited liability company: 16736 4TH AVE NE (Note: MUST BE STREET ADDRESS) BRADENTON, FL 34212

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

PO BOX 2869

VANCOUVER, WA 98668

09/27/2012 M12000005446

3. Date of Illing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:
Registered Office Address:

**NEW** Registered Agent:

JAMES RUTLEDGE 16736 4TH AVE NE

BRADENTON, FL 34212

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

16736 4TH AVE NE

34212

BRADENTON ,F

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 of authorized representative of a member

Printed or typed name of signec

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 60B, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I nereby 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 5 FILING FEE: \$25.00