NO200003792

(5)				
(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(50	omood Linky man	:		
(D ₀	cument Number)	,		
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Certified Copies	_ Certificates	of Status		
		•		
Special Instructions to	Filing Officer:			
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Office Use Only



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05/2/v

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Nadadores of So	uth Florida, Inc.			
	Name of	Corporation			
DOCUMENT NUMBER	ENT NUMBER:N02000003792				
The enclosed Statement o	of Change of Registered Off	ice/Agent and fee are s	ubmitted for filing.		
Please return all correspo	ndence concerning this matt	er to the following:			
,	Jame	s Harper			
***************************************	Name of C	s Harper ontact Person	My'		
	Nadadores of S	South Florida Inc			
	Nadadores of South Florida, Inc. Firm/Company				
		ox 190117 Idress			
·	• • •				
-	Miami Bea	ch, FL 33119 and Zip Code			
	Chyrstate	and Zip Code			
		rida@aol.com			
E-ma	il address: (to be used for	future annual report	notification)		
For further information c	oncerning this matter, please	e call:			
	es Hårper	at (786)	423-2665 Daytime Telephone Number		
Name of (Contact Person	Area Code &	Daytime Telephone Number		
Enclosed is a \$35.00 chec	k made payable to the Depa	artment of State.	•		
<u>.</u>	Mailing Address: Amendment Section	Street Add Amendme	Street Address: Amendment Section		
I	Division of Corporations	Division of	Division of Corporations		
-	P.O. Box 6327	Clifton B	•		
Tallahassee, FL 32314 2661 Executive Center		curive Center Circle			

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ				
	r to change its registered office or regist				
1. The name of the corporation: Nadadores of South Florida, Inc. 2. The principal office address: 536 NE 128th St., North Miami, FL 33161					
3. The mailing a	ddress (if different): P.O. Box 19011	7, Miami Beach, FL 331	119		
4. Date of incorp	poration/qualification: 05/16/2002	Document number:	N02000003792		
	I street address of the current registered a trnent of State: (If resigned, enter resigne		file with the		
	Jim Harper				
	536 NE 128th St., North Miami,	FL 33161			
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or register	SECRE IA		
	James Harper		NY O		
	536 NE 128th St., North Miami,		ED PH 12: 26 F STATE FLORIDA		
The street addre	ess of its registered office and the street be identical.	address of the business offic	e of its registered agent,		
-	as authorized by resolution duly adopted the board, or the corporation has been no				
Signatur	of an other or director	James Har Printed or typed nam	- pet aptain		
I hereby accept I further agree i of my duties, an document is bei corporation has	the appointment as registered agent an to comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change	d agree to act in this capaci utes relative to the proper a igation of my position as reg e registered office address, i	ty. id complete performance sistered agent. Or, if this I hereby confirm that the		
2.6	hatture of Registered Agent	7-7-0) 9		
If signing on be	half of an entity:	Date			
T	yped or Printed Name				
	* * * FILING FI	EE: \$35.00 * * *			

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314