

N05000003137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

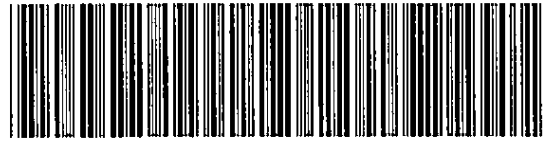
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500391443035

07.23/22 -01025--012 **35.00

2022 JUL 29 PM 4:40

FILED

RA Change

FORM 0 3 2022

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nichols Farm Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000003137

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:

Tim Larson
Name of Contact Person

Nichols Farm Association
Firm/Company

156 Big Buck Dr.
Address

Tallahassee, FL 32312
City/State and Zip Code

TRLars56@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Larson at (850) 668-3383 ~~933-3638~~
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Nichols Farm Road Association, Inc.
2. The principal office address: 156 Big Buck Dr. Tallahassee, FL 32312

3. The mailing address (if different): Same
4. Date of incorporation/qualification: 05 March 25 Document number: N05000003137
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)

Karol Preston Has moved
121 Big Buck Dr. and Resigned
Tallahassee, FL 32312

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tim R Larson
156 Big Buck Dr.
P.O. Box NOT acceptable
Tallahassee, FL 32312

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.

Gary Whitsett
Signature of an officer or director

President Gary Whitsett
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.

Tim R Larson
Signature of Registered Agent

7-26-22
Date

If signing on behalf of an entity:

Tim R Larson
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
CR2E045 (04/13)