N0500009995

Office Use Only



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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT.	of Northwest Florida, Inc.
Name of Corporation	
DOCUMENT NUMBER: N050	00009995
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Jeffrey S. Carter, Esq.	
Name of Contact Person	
Jeff Carter, P.A.	
Firm/Company	
P.O. Box 228	
Address	
Panama City, Florida, 32402	
City/State and Zip Code	
jeff@jeffcarterpa.com	
E-mail address: (to be used for future annua	il report notification)
For further information concerning this matter,	please call:
Jeff Carter	at (850) 387-0787
Name of Contact Person	at (850) 387-0787 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	: Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

statement of cha	nge is submitted	for a corporation orga	02, 607.1508, or 617.1508, 1 inized under the laws of the S stered agent, or both, in the S	State of Florida	his 	
	C.		tion of Northwest Florida, Inc.	,		
The name of the corporation: 2. The principal office address: 4636 East Highway 90, Suite P, Marianna, Florida, 32446						
3. The mailing a	address (if differe	ent):				
4. Date of incorporation/qualification: 9/26/2005 Document number: N05000009995						
		f the current registered If resigned, enter resign	agent and registered office o	n file with the		
	Derrick Bennett	(resigned)				
	15238 Front Bea	ich Road			F). ~	,
	Panama City Bea	ach, Florida, 32413			7.LL.) -
6. The name and (if changed):	l street address o	f the new registered age	ent (if changed) and /or regis	tered office	4 1 30L	
	Jeffrey S. Carter					:
	475 Harrison Av	enue, Suite 202				
	•		ox NOT acceptable			Ĵ
	Panama City, Flo	orida, 32401				
The street addre	ess of its register be identical.	ed office and the stree	t address of the business off	ice of its registere	ed agent,	
Such change wa	as authorized by the board or the o	resolution duly adopte corporation has been n	ed by its board of directors of otified in writing of the char	or by an officer so nge.	I	
ŊVI	1 A	\sim	Suzan Gage			
17	re of an officer or direc	/	Printed or typed n			
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment to comply with the d I and familiar v ng filled mexely to been notified in	as registered agent a ne provisions of all sta with and accept the ob o reflect a change in to writing of this change	nd agree to act in this capac tutes relative to the proper o ligation of my position as re he registered office address, 2.	ity. and complete perj gistered agent. (I hereby confirm	formance Or, if this 1 that the	
Jul.	1) th		7/10/2024			
N Sile	nature of Registered A	gent	. Date			
If signing on be	half of an entity:					
Jeff Carter, P.	A.					
Ty	ped 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)