

NO80000001254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

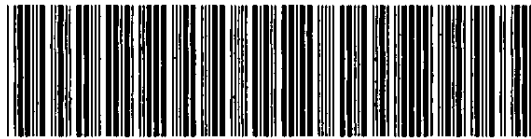
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/28/08--01006--015 **25.00

09/05/08--01007--001 **40.00

FILED
09 SEP -4 PM 3:40
TALLAHASSEE, FLORIDA

Amends

20/5/08
04/09/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: N220WB, Inc
(Name of Corporation)

DOCUMENT NUMBER: N08000001254

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:

Jo Ann Cook-Kuipers
(Name of Contact Person)

(Firm/Company)

MAIL → P O BOX 50002, MARATHON, FL 33050
(Address)
999 98TH ST #4, MARATHON, FL 33051

(City/State and Zip Code)

For further information concerning this matter, please call:

Jo Ann Cook-Kuipers at (305) 360-7968
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2008

JO ANN COOK-KUIPERS
999 98TH STREET #4
MARATHON, FL 33050

SUBJECT: N220WB, INC.
Ref. Number: N08000001254

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The current name of the entity is as referenced above. Please correct your document accordingly.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 308A00044823

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: N 220W B, INC.
2. The principal office address: 999 98th ST, #4, MARATHON, FL 3305
3. The mailing address (if different): P O Box 500021, MARATHON, FL 33050
4. Date of incorporation/qualification: 2-6-2008 Document number: N08000001254
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

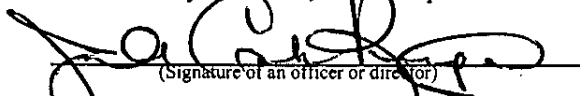
MILLER, ROBERT K. ESQ
2975 Overseas Highway
MARATHON, FL 33050

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

Jo Ann Cook - Kuipers
999 98th #4
(P.O. Box NOT acceptable)
MARATHON, FL 33050

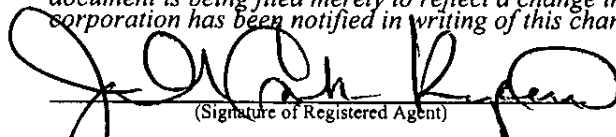
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Jo Ann Cook Kuipers
(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.


(Signature of Registered Agent)

8-26-08
(Date)

If signing on behalf of an entity:

(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 (8/05)