

N08000010681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

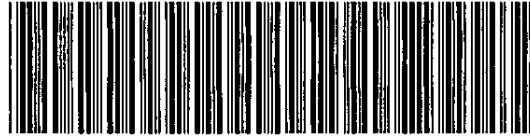
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW LIFE VILLAGE, INC.

Name of Corporation

DOCUMENT NUMBER: N08000010681

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:

Paul Halpern

Name of Contact Person

New Life Village, Inc.

Firm/Company

4926 Venice Lake Avenue

Address

Tampa, FL 33619

City/State and Zip Code

PAUL @ NewLifeVillage.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Halpern

Name of Contact Person

at (813) 304 0622

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

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TALLAHASSEE, FL 32301

**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: New Life Village, Inc.
2. The principal office address: 4926 Venice Lake Avenue
Tampa, FL 33619
3. The mailing address (if different): _____

4. Date of incorporation/qualification: December 1, 2008 Document number: N08000010681

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)

Director

4926 Venice Lake Avenue

Tampa, FL 33619

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

Paul Halpern

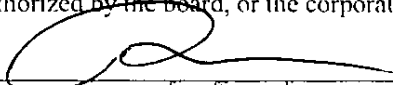
4926 Venice Lake Avenue

P.O. Box NOT acceptable

Tampa, FL 33619

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

Paul Halpern, Director

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

6/15/11

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 (03/12)

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TALLAHASSEE, FLORIDA

NANCY G. FARAGE

PROFESSIONAL ASSOCIATION
ATTORNEY AT LAW

TELEPHONE: (813) 837-4909
nancy.farage@verizon.net

POST OFFICE BOX 173027
TAMPA, FLORIDA 33672

June 10, 2015

Mr. Paul Halpern
4926 Venice Lake Avenue
Tampa, FL 33619

Re: New Life Village, Inc.

Dear Paul:

Enclosed is a Statement of Change of Registered Agent. As I advised you the current Registered Agent does not identify you as the Registered Agent, although, it is my understanding that that was the intent of the corporation.

Thus, I have prepared the attached Statement of Registered Office or Registered Agent for your use, in having you named as the Registered Agent for New Life Village, Inc.

If the form as completed is true and correct, please sign, if appropriate as the director of the company and as the Registered Agent. Also, date the form where indicated. Once you have done so, please send it with the cover letter, that I have enclosed for your use, to the Division of Corporation with a \$35.00 check. On the cover letter, fill in your email address if you want. Also fill in the telephone number that you want the Division to use to contact you.

If you have any questions, please do not hesitate to contact me.

Sincerely yours,


Nancy G. Farage, Esquire