

NO80000 10681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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MAR 01 2019

I ALBRITTON

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:

THOMAS K. WILLETT

Name of Contact Person

NEW LIFE VILLAGE INC

Firm/Company

4926 VENICE LAKE AVENUE

Address

TAMPA FL 33619

City/State and Zip Code

MARIAH@NEWLIFEVILLAGE.ORG

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

For further information concerning this matter, please call:

MARIAH HAYDEN

Name of Contact Person

at (813) 304-0623

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

February 21, 2019

TOM K. WILLETT
NEW LIFE VILLAGE INC
4926 VENICE LAKE AVE
TAMPA, FL 33619

SUBJECT: NEW LIFE VILLAGE, INC.
Ref. Number: N08000010681

We have received your document for NEW LIFE VILLAGE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Presently it is unclear as to what your intentions are as our records show THOMAS M. WILLET as the current registered agent which is the legal name.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 019A00003769

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: 12/1/2008 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)

THOMAS M. WILLETT

4926 VENICE LAKE AVE

TAMPA FL 33619

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

THOMAS K. WILLETT

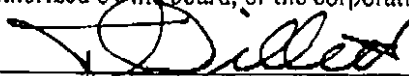
4926 VENICE LAKE AVE

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.

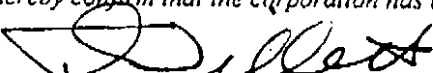
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

THOMAS K. WILLETT

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

2/27/2019

Date

If signing on behalf of an entity:

Thomas K. Willett
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)

FILED
2019 MAR -1 PM 1:31
TAMPA