

6/6/2019

N11000001579

Division of Corporations

H190001798703

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC
Account Number : I20150000057
Phone : (813)280-1256
Fax Number : (813)251-8715

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
NSP I, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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C. CHAIR

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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: NSP I, Inc.
2. The principal office address: 5216 North Habana Avenue
3. The mailing address (if different): 5707 North 22nd Street
4. Date of incorporation/qualification: 2/14/11 Document number: N11000001579
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)
Karen J Prevatt
137 S. Pebble Beach Blvd., Ste 102
Sun City Center, FL 33573
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lieser Skaff Alexander, PLLC
403 N. Howard Ave.
Tampa, FL 33606

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.

Christina Wolford Christina Wolford
Signature of an officer or 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.

Ghade Skaff
Signature of Registered Agent

may 13, 2019
Date

If signing on behalf of an entity:

Ghade Skaff
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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