

6/6/2019

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC

Account Number : 120150000057

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.****

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TALLAHASSEE, FL

**REGISTERED AGENT CHANGE
NSP III, INC.**

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Page Count	02
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TALLAHASSEE, FL

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H190000179880 3

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 III, Inc.
2. The principal office address: 6515 Bayshore Blvd., Tampa FL 33611
3. The mailing address (if different): 5707 North 22nd Street, Tampa FL 33610
4. Date of incorporation/qualification: 7/23/15 Document number: N12000002854
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.

P.O. Box NOT acceptable

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

Signature of an officer or director

Christina Wolford

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.

Ghada Skaff

Signature of Registered Agent

May 13, 2019

Date

If signing on behalf of an entity:

Ghada 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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