

716000000929

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 25 2016
T. EMBREUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nations Emergency Response Team Inc.
Name of Corporation

DOCUMENT NUMBER: N16000000929

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:

Hannah Loveless
Name of Contact Person

Nations Emergency Response Team
Firm/Company

104 Kims Ln.
Address

Lamont FL 32336
City/State and Zip Code

Americanvets49@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hannah Loveless at (850) 508-7816
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

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

1. The name of the corporation: Nations Emergency Response Team
2. The principal office address: 104 Kims Ln. Lamont, FL 32336

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/20/16 Document number: N16000000929

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)

Deloyd Loveless II (resigned):
104 Kims Ln. Lamont FL 32336

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

Ashley Ripoll
1240 Old Lloyd Rd.
P.O. Box NOT acceptable
Monticello FL 32344

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.

Hannah Loveless
Signature of an officer or director

Hannah Loveless 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.

Ashley Ripoll
Signature of Registered Agent

7/14/16
Date

If signing on behalf of an entity:

Ashley Ripoll
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

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DEPARTMENT OF STATE