

N1700005112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW BEGINNINGS HOUSING, INC
Name of Corporation

DOCUMENT NUMBER: W17 000005412

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:

HANK DUNN
Name of Contact Person

NEW BEGINNINGS HOUSING, INC
Firm/Company

665 MT. STIRLING AVE
Address

APPOKA, FL 32712
City/State and Zip Code

HANKDUNN@NB-HOUSING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HANK DUNN at (828) 989-4711
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: New Beginnings Housing Inc
2. The principal office address: _____

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/17/17 Document number: 11700005412

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)

HANK DUW
1790 GARD NECK ROAD
WINTER GARDEN, FL 34781

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

HANK DUW
665 MT. STIRLING AVE
APOLKA, FL 32712

P.O. Box NOT acceptable



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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.

Hank Duw
Signature of an officer or director

HANK DUW
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.

Hank Duw
Signature of Registered Agent

8/15/17
Date

If signing on behalf of an entity:

NW BEGINNINGS HOUSING INC
Typed or Printed Name

*** FILING FEE: \$35.00 ***