

N17000009684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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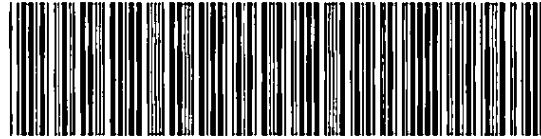
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 09 2017

S. YOUNG

LAW OFFICES

**WILLIAM G. MORRIS, P.A.**

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Admitted in FL, DC, VA

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November 7, 2017

***Via Federal Express 7706 8738 6214***

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

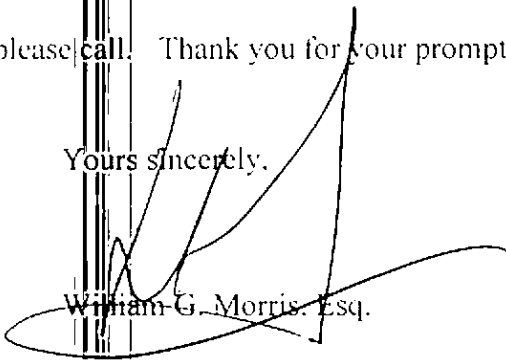
Re: NMCR Owners Protective Society, Inc.  
Our File: 17G057

To Whom It May Concern:

Enclosed please find check in the amount of \$35.00 made payable to the Florida Department of State for filing fee in connection with the above referenced entity.

Should you have any questions, please call. Thank you for your prompt attention to this request.

Yours sincerely,

  
William G. Morris, Esq.

WGM/gms d:15  
Enclosure

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NMCR Owners Protective Society, Inc.

Name of Corporation

**DOCUMENT NUMBER:** N17000009684

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:

**William G. Morris**

Name of Contact Person

**Law Offices of William G. Morris, P.A.**

Firm/Company

**247 N. Collier Blvd., Suite 202**

Address

**Marco Island, FL 34145**

City/State and Zip Code

**wgm@wgmorrislaw.com**

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

For further information concerning this matter, please call:

**William G. Morris**

Name of Contact Person

at ( **239** ) **642-6020**

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, 617.0302, 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: NMCR OWNERS PROTECTIVE SOCIETY, INC.
2. The principal office address: 13553 Snapper Lane, Naples, Florida 34114
3. The mailing address (if different): 10944 Thwing Rd., Chardon, OH 44024

4. Date of incorporation/qualification: 09-26-2017 Document number: N17000009684

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)

Smallbiz Agents, LLC  
75 N. Woodward Ave., #10000  
Tallahassee, FL 32313

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

William G. Morris, Esq.  
247 N. Collier Blvd., Suite 202  
P.O. Box NOT acceptable  
Marco Island, Florida 34145

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]  
Signature of an officer or director

Michael Beharry, Secretary  
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]  
Signature of Registered Agent

11/01/17  
Date

If signing on behalf of an entity:

WILLIAM G. MORRIS  
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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TALLAHASSEE, FLORIDA