

11800004912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

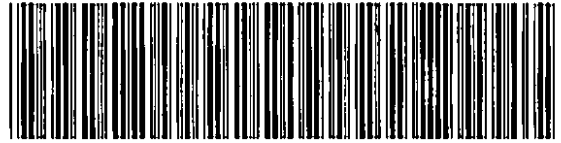
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S TALLENT

SEP 13 2018

FILED
18 SEP 10 PM 4:32
AT TAMPA FL

R/A-CH



- New Form
- \$10.00 is due

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2018

JOHN ROBERT WASHINGTON
NICARAGUA MEDICAL STUDENT ASSOCIATION IN
5375 SW 82ND ST
OCALA, FL 34476

SUBJECT: NICARAGUA MEDICAL STUDENT ASSOCIATION INC.
Ref. Number: N18000004912

We have received your document for NICARAGUA MEDICAL STUDENT ASSOCIATION INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

The current name of the entity is as referenced above. Please correct your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 718A00017974

RECEIVED
18 SEP 10 PM 1:55
SECRETARY OF STATE
TALLANT

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nicaragua Medical Student Association IN
Name of Corporation

DOCUMENT NUMBER: N18000004912

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:

John Washington
Name of Contact Person

Firm/Company
5375 SW 82nd St
Address

Ocala, FL 34476
City/State and Zip Code

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

For further information concerning this matter, please call:

John Washington at (305) 297-7475
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

\$10 balance

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

1. The name of the corporation: Nicaragua Medical Student Association, Inc.
2. The principal office address: 5375 SW 82nd St.
Ocala, FL 34476
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 5/4/2018 Document number: N18000004912

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)

United States Corporation Agents, Inc
13302 Winding Oak Ct., Suite A
Tampa, FL 33612

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

John Robert Washington
5375 SW 82nd St.
P.O. Box NOT acceptable
Ocala, FL 34476

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.

John R. Washington
Signature of an officer or director

John R. Washington P
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.

John R. Washington
Signature of Registered Agent

Sept. 6, 2018
Date

If signing on behalf of an entity:

John R. Washington
Typed or Printed Name

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