

n1800005577

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 30 2013

T. LEMIEUX

*Handwritten signature*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** New Beginnings Orlando Inc.

Name of Corporation

**DOCUMENT NUMBER:** N18000005577

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:

Nicole Jenkins

Name of Contact Person

New Beginnings Orlando Inc.

Firm/Company

4356 Aetna Dr

Address

Orlando, FL 32808

City/State and Zip Code

Team@newbeginningsorlando.org

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

For further information concerning this matter, please call:

Nicole Jenkins

Name of Contact Person

at ( 407 ) 952-6683

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 Florida 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 Orlando Inc.
2. The principal office address: 4356 Aetna Dr., Orlando, FL 32808
3. The mailing address (if different): S/A
4. Date of incorporation/qualification: 5/17/2018 Document number: N18000005577
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 WINDIND OAKS BLVD, STE A

TAMPA, FL 33612

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

Nicole Jenkins

4356 Aetna Dr.

P.O. Box NOT acceptable

Orlando, FL 32808

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TALLAHASSEE, FLORIDA

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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.

Margaret Jenkins  
Signature of an officer or director

Margaret Jenkins  
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.

Nicole Jenkins  
Signature of Registered Agent

5/25/18  
Date

If signing on behalf of an entity:

Nicole Jenkins  
Typed or Printed Name

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