

N 18000008857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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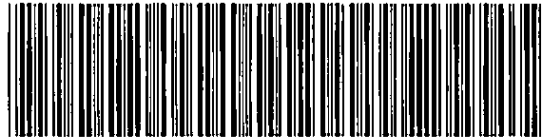
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: New Beginnings Thrift and Restoration: NBTR, Inc.  
Name of Corporation

DOCUMENT NUMBER: N18000008857

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:

Autumn H. Sand  
Name of Contact Person

New Beginnings Thrift and Restoration: NBTR, Inc.  
Firm/Company

5943 Honesdale Ave.  
Address

Coconut FL 32927  
City/State and Zip Code

NBTR2018@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Autumn Sand at ( 321 ) 458-5564  
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 Thrift and Restoration: NBR, Inc.

2. The principal office address: 5943 Homestead Ave Cocoa FL 32927

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: Nov 7, 2018 Document number: N18000008857

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)

Chad McCurdy (please also  
110 Pal Side Apt 202 remove and  
Cape Canaveral, FL 32902 board member)  
VP/IA

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

Autumn H. Sand  
5943 Homestead Ave  
P.O. Box NOT acceptable  
Cocoa FL 32927

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.

Autumn H. Sand  
Signature of an officer or director

Autumn H. Sand, CEO, Owner  
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.

Autumn H. Sand  
Signature of Registered Agent

Nov 7, 2018  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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