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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	

REGISTERED AGENT CHANGE 40 NATURE COAST TURTLE AND TORTOISE RESCUE SANCTUARY, I

Certificate of Status	0
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Estimated Charge	\$35.00

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	ige is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of _ registered agent, or both, in the State of F		
1. The name of the	ne corporation: Nature Coast Turtle	e And Tortoise Rescue Sanctuary, Inc.		
	office address: 7595 WEST TAFFI			
3. The mailing ac	ddress (if different):			
4. Date of incorp	oration/qualification: 01/23/2019	Document number: N190000)00807	
5. The name and		tered agent and registered office on file wi		
	UNITED STATES CORPORATION	ON AGENTS, INC.		
	5575 S. SEMORAN BLVD.	SUITE 36		
	ORLANDO,, FL 32822		20 H	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):		20 MAR -3		
	Northwest Registered A	Agent LLC	7000 	. 11
	7901 4th St N STE 300	iox NOT acceptable	9 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	-
	St. Petersburg FL 3370		<u> </u>	
The street addre	ss of its registered office and the be identical.	street address of the business office of it	s registered agen	ıt.
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so	
Joya	ce Decker	Joyce Decker, Director Printed or typed name and life	1e	
I further agree 1	o comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and con and accept the obligation of my position to reflect a change in the registered offic ified in writing of this change.	aplete v as registered	
lon	Glove	3/3/20		
Signature of Registered Agent		Date	<u> </u>	
If signing on be	half of an entity:			
Tom Glove	ryped or Printed Name			
13	pop or a remed a sure			

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