

N19 0000001304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

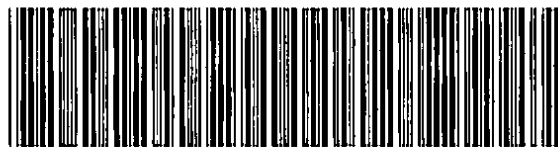
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIDTOWN OWNERS' ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: N19000001304

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:

JILL WHITE

Name of Contact Person

NSI

Firm/Company

145 BAKER ST

Address

MARION, OHIO 43302

City/State and Zip Code

JILL@NSI.NET

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

For further information concerning this matter, please call:

JILL WHITE

Name of Contact Person

at (740)

387-6806

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

January 19, 2021

To Whom It May Concern:

Please file the enclosed Document and return a date stamped copy to my attention.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337

Sincerely,

Jill White
Corporate Services Department
National Service Information, Inc
145 Baker St
Marion, Ohio 43302
jill@nsii.net

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

1. The name of the corporation: MIDTOWN OWNERS' ASSOCIATION, INC.
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/05/2019 Document number: N19000001304
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)

CORPORATION SERVICES COMPANY

1202 HAYS ST TALLAHASSEE, FL 32301

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

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

NEAL McGraw
Signature of an officer or director

NEAL McGraw SECRETARY / TREASURER
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.

NRAI Services, Inc.

By:

Jill White Asst. Secretary
Signature of Registered Agent

1-19-2021
Date

If signing on behalf of an entity:

Jill White Asst. Secretary
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 (04/13)

2021 JAN 25 PM 5:08

FILED