

N95000003855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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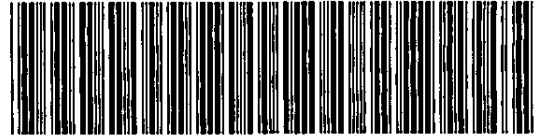
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 02 2015
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL ASSOCIATION OF SHOW TRUCKS
Name of Corporation

DOCUMENT NUMBER: 1195 00000 3855

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:

CHARLES H. KEMNER
Name of Contact Person

NATIONAL ASSOCIATION OF SHOW TRUCKS
Firm/Company

3112 BAYSIDE PKWY
Address

PUNTA GORDA FL 33982
City/State and Zip Code

CHUCK2015!@NASTSHOWTRUCKS.ORG
E-mail address: (to be used for future annual report notification)
CHUCK2015!@NASTSHOWTRUCKS.ORG
BRIAN@MBHTRUCKING.NET

For further information concerning this matter, please call:

CHARLES H. KEMNER at 863, 605-1608
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: National Association of Show Trucks
2. The principal office address: 23227 FREEDOM AVE Suite #17
Charlotte Harbor, Florida 33982
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/8/1995 Document number: 195 000003835
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)

MARY M. CALLAWAY, P.A.
PO Box 36097
PENSACOLA, FL 32516 (RESIGNED)

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

CHARLES H. KEMNER
3112 Bayside PKwy
P.O. Box NOT acceptable
Punta Gorda, Florida 33982

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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.

[Signature]
Signature of an officer or director
NAST TREASURER

Matthew Brian Hylburn
Printed or typed name and title
NAST TREASURER

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.

Charles H Kemner
Signature of Registered Agent

9/11/2015
Date

If signing on behalf of an entity:

CHARLES H. KEMNER
Typed or Printed Name

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