

8/27/2018

P.001/002

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

((H18000190702 3)))



HH 80001 607023ABC

**To:**

**From:**

Account Name : DELOACH, HOFSTRA & CAVONIS, P.A.  
Account Number : I19990000123  
Phone : (727)397-5571  
Fax Number : (727)393-5418

Email Address: zaren@dncclaw.com

**REGISTERED AGENT CHANGE  
NICKMARK CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

JOHN WATSON, JR.  
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

## Corporate Filing Menu

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T. L. FORTNEY

<https://efile.sunbiz.org/scripts/efilecovr.exe>

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**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: NICKMARK CORPORATION
2. The principal office address: 8640 Seminole Boulevard  
Seminole, FL 34642
3. The mailing address (if different): 5 Chiltern Close, Chesyln Hay Walsall  
West Midlands England WS6 7PJ, XX XX XX
4. Date of incorporation/qualification: 03/01/2000 Document number: P00000021551
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).

Peter T. Hofstra8640 Seminole BoulevardSeminole, FL 33772

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

DeLoach, Hofstra & Cavnolis, P.A.8640 Seminole BoulevardP.O. Box NOT acceptableSeminole, FL 33772

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 of an officer or director

Christopher T. Rose

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.*

  
Signature of Registered Agent

6/26/18  
Date

If signing on behalf of an entity:

Dennis R. DeLoach, Jr., President

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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