P00000024354

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
<u>:</u>		

Office Use Only



900261624219

06/30/14--01013--022 **35.00

14 JUN 30 AM 8: 44

SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS

JUL 1 6 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Nationwide Relocation Services, Inc

Name of Corporation

DOCUMENT NUMBER: P0000026354

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:

Aldo Disorbo

Name of Contact Person

Nationwide Relocation Services, Inc.

Firm/Company

2000 North State Road 7

Address

Margate, Fl 33063

City/State and Zip Code

assistant@movingcost.com

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

For further information concerning this matter, please call:

Sandy Schatzel

954-958-223

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 statement of change is submitted for a corporation organization in order to change its registered office or registe	ized under the laws of the State of Florida	
•	-	
1. The name of the corporation: Nationwide Relocated. 2. The principal office address: 2000 N. State Road		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 03/15/2000	Document number: P00000026354	
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned		
Aldo L. Disorbo Jr.		4 - 1
6245 Powerline Road, Suite 1	106 g	- ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
Ft. Lauderdale, FL 33309		W 30
6. The name and street address of the new registered agen (if changed):		7
Steve C. Elkin, Esq.		ի 8։
7805 SW 6 Court		
P.O. Box NOT	acceptable	
The street address of its registered office and the street a	address of the business office of its registered agent.	
as changed will be identical.	<u> </u>	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	oy its board of directors or by an officer so ified in writing of the change.	
Stemabure of an officer, or director	Aldo Disorbo Printed or typod name and title	
I hereby accept the appointment as registered agent and further agree to comply with the provisions of all statu performance of my duties, and I am familiar with and acagent. Or, if this document is being filed merely to refle hereby confirm that the corporation has been notified in	l garee to act in this canacity	
Milli	6-20-2014 Date	
Signature of Registered Agent If signing on behalf of an entity:	Date	
Typed or Printed Name		
* * * FILING FE	E: \$35.00 * * *	
MAKE CHECKS PAYABLE TO FLOF MAIL TO: DIVISION OF CORPORATIONS, P.C CR2E045 (03/12)		