PO3 0000 78814

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

Northwest Florida Operations, Inc.

Name of Corporation

DOCUMENT NUMBER: 20-0095305

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:

Jessica McGrew

Name of Contact Person

McGrew Law Firm

Firm/Company

2810 Remington Green Circle

Address

Tallahassee, FL 32308

City/State and Zip Code

jessica@mcgrewlawfirm.com

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

For further information concerning this matter, please call:

Jessica McGrew
Name of Contact Person
at (850 765-7764
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

| statement of che | ange is submitted for a corporation of | 7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of | Florida | - |
|--|---|--|---------------------------|------------|
| 1. The name of | the corporation: Northwest Flo | orida Operations, Inc. | | |
| 2. The principal | office address: 2810 Remingt | ton Green Circle, Tallahasse | ee, Florida 3 | 2308 |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incor | poration/qualification: 07/17/20 | Document number: 20-00 | 95305 | |
| | d street address of the current register rtment of State: (If resigned, enter re | ered agent and registered office on file wesigned) | vith the | |
| | S. Chase Williams, Esq. | | | |
| | 2810 Remington Green Circle | | | |
| | Tallahassee, FL 32308 | | . 2 | |
| 6. The name and (if changed): | d street address of the new registered | d agent (if changed) and /or registered of | <u>.</u> |) 1) 1 |
| | Jessica McGrew | | 16 PH | |
| 2810 Remington Green Circle | | | | المست |
| | Tallahassee, FL 32308 | n. NOT acceptable | | |
| The street address changed will | ess of its registered office and the s | street address of the business office of it | ts registered ager | nt. |
| Such change wa authorized by the | as authorized by resolution duly adhe board, or the corporation has been | opted by its board of directors or by an en notified in writing of the change. | officer so | |
| 1/6 | 12. | Max Beverly, its Manag | • | |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notif | Printed or typed name and tile ont and agree to act in this capacity. I statutes relative to the proper and con and accept the obligation of my position oreflect a change in the registered office fied in writing of this change. August 14, 2019 | npletc n as revistered | |
| | enature of Registered Agent | Date | | |
| т | yped or Printed Name | | | |

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