

P03000099731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C. GOLDEN

JUL 25 2017

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NC Carpentry, Inc  
Name of Corporation

DOCUMENT NUMBER: P03000099731

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:

Neal Chamberlain  
Name of Contact Person

NC Carpentry, Inc  
Firm/Company

10214 91st PL N.  
Address

Loxahatchee, FL 33470  
City/State and Zip Code

nrc.mgmt@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Chamberlain at (954) 260-5033  
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: NC Carpentry, Inc
2. The principal office address: 11214 91st PL N.  
Loxahatchee, FL 33470
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/08/03 Document number: P03000009973
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)

NC Carpentry, Inc Neal Chamberlain  
1401 SW 18th Blvd  
P. Pines, FL 33023

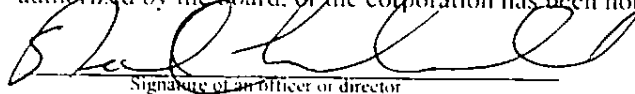
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

11214 91st PL N.  
Loxahatchee, FL 33470  
P.O. Box NOT acceptable

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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.

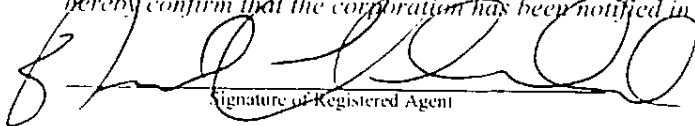


Signature of an officer or director

Neal R. Chamberlain, owner

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

7/17/17

Date

If signing on behalf of an entity:

Neal Chamberlain  
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 (03/12)