

P05000095488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

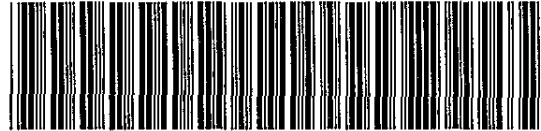
(Business Entity Name)

(Document Number)

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10/11/05--01003--023 **35.00

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05 OCT 11 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

for
volunteer



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 3, 2005

David F. Williams
N.C.A.D. Inc.
8725 Bench Drive
Port Richey, FL 34668

SUBJECT: N.C.A.D. INC
Ref. Number: P05000095488

We have received your document for N.C.A.D. INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 105A00059876

RECEIVED

05 OCT 10 AM 8:00

DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: N. C. A. D. Inc.

DOCUMENT NUMBER: P05000095488

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David F. Williams

(Name of Contact Person)

N. C. A. D. Inc.

(Firm/ Company)

8725 Bench Drive

(Address)

Port Richey, FL. 34668

(City/ State and Zip Code)

For further information concerning this matter, please call:

David F. Williams

(Name of Contact Person)

at (727) 492.6112

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

* 00685, 00671

**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: N. C. A. D. Inc.
2. The principal office address: 8725 Bench Drive
Port Richey, FL 34668
3. The mailing address (if different): 8725 Bench Drive
Port Richey, FL 34668
4. Date of incorporation/qualification: 07/01/2005 Document number: P05000095488
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Grist, Jeanette

9602 US Highway 19 Unit 1190

Port Richey, FL 34673

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

David F. Williams

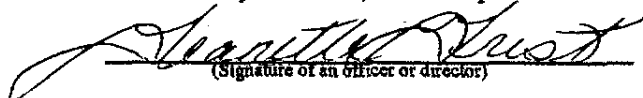
1726 Lago Vista Blvd.

(P.O. Box NOT acceptable)

Palm Harbor, FL 34685

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)

Jeanette Grist

(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)

09/20/2005

(Date)

If signing on behalf of an entity:

David F. Williams

(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 (8/05)

FILED
OCT 11 PM 4:51
TALLAHASSEE, FLORIDA
SECRETARY OF STATE