# P06000016971

| (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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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2011

NESTOR NIEVES NNS CONSTRUCTION CORPORATION 5351 MAYNARD ST FORT MYERS, FL 33065

SUBJECT: NNS CONSTRUCTION CORP.

Ref. Number: P06000016971

We have received your document for NNS CONSTRUCTION CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Novalis Nieves must sign form below as new registered agent accepting appointment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 911A00025325

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REMARKS EFFORMS

#### **COVER LETTER**

| TO: Amendment Section Division of Corporations          |  |
|---|--|
| SUBJECT: NNS Construction                               | on Corporation Corporation                               |
| Name of C   | Corporation  |
| DOCUMENT NUMBER: P06                                    | 6000016971   |
| The enclosed Statement of Change of Registered Offi     | ce/Agent and fee are submitted for filing.               |
| Please return all correspondence concerning this matter | er to the following:                                     |
|   |  |
| Nesto   | r Nieves   |
| Name of Co  | ontact Person  |
| NNS Construc  | tion Corporation   |
|   | Company  |
|   |  |
|   | aynard St  |
| Ad  | dress  |
|   |  |
| Fort Myers  | s, FL 33095<br>and Zip Code                              |
| Chy/state a   | and Zip Code   |
| nnsconst@t  | notmail.com  |
| E-mail address: (to be used for                         | future annual report notification)                       |
|   |  |
| For further information concerning this matter, please  | call:  |
| Nestor Nieves   | at ( 239 ) 288-8071                                      |
| Name of Contact Person                                  | at ( 239 ) 288-8071 Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Depart  | rtment of State.   |
| Mailing Address:  | Street Address:  |
| Amendment Section                                       | Amendment Section  |
| Division of Corporations P.O. Box 6327                  | Division of Corporations                                 |
| Tallahassee, FL 32314                                   | Clifton Building 2661 Executive Center Circle            |

Tallahassee, FL 32301

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha  | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingle is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.   |
|---|--|
| 1. The name of t  | he corporation: NNS Construction Corp.   |
| 2. The principal  | office address: 5351 Maynard St Fort Myers ,FL 33905   |
| 3. The mailing a  | ddress (if different):   |
| 4. Date of incorp                                       | poration/qualification: 01/26/2006 Document number: P06000016971   |
|   | street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)  |
|   | Nestor Nieves 5351 Maynard St Fort Myers ,FL 33905   |
|   |  |
| 6. The name and (if changed):                           | street address of the new registered agent (if changed) and /or registered office  |
|   | Novalis Nieves   |
|   | 1321 NE 16 th Terrace Cape Coral ,FL 33909 P.O. Box NOT acceptable   |
| The street addre  | ss of its registered office and the street address of the business office of its registered agent, be identical.   |
| Such change wa<br>authorized by th                      | s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.  |
| Signatur  | Nestor Nieves Printed or typed name and title  |
| I further agree)<br>of my duties, an<br>document is hei | the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. |
| 11/1  | 10/30/2011   |
| 7   | half of an entity:   |
| Ту  | Nestor Nieves  red or Printed Name   |

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

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

### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of ch   | ange is submitted for a co                                       | orporation organize  | 607.1508, or 617.1508, Flo<br>ed under the laws of the Sta<br>d agent, or both, in the Sta                               | <sub>ute of</sub> Florida |  |
|---|--|--|--|---------------------------|--|
|   | the corporation: NNS   |  |  | o, 1 101 time.            |  |
|   |  |  | t Myers , FL 33905   |                           |  |
| 3. The mailing a  | address (if different):  |  |  |                           |  |
| 4. Date of incor  | poration/qualification:  | 1/26/2006  | Document number:   | P06000016971              |  |
|   | d street address of the cur<br>rtment of State: (If resign       |  | nt and registered office on t  | file with the             |  |
|   | Nestor Nieves  |  |  |                           |  |
|   | 5351 Maynard St F  | Fort Myers ,FL 3   | 33905  |                           |  |
| 6. The name and (if changed):   | d street address of the nev                                      | v registered agent (   | if changed) and /or register   | ed office                 |  |
|   | 1321 NE th Terrace Cape Coral , FL 33909 P.O. Box NOT acceptable |  |  |                           |  |
| -   |  | A  | dress of the business offic  |                           |  |
| Such change wanthorized by  | as authorized by resolutine board, or the comorat                | on duly adopted b<br>ion has been notif  | y its board of directors or<br>led in writing of the chang   | by an officer so<br>ge.   |  |
| Signatu   | re of an officer or director                                     | <del></del>  | Nestor N   | lieves                    |  |
| I hereby accept<br>I further agree<br>of my duties, an<br>document is hei | 1//  | istered agent and a<br>sions of all statute<br>I accept the obliga<br>t a change in the r<br>g of this change. | igree to act in this capacit<br>s relative to the proper an<br>tion of my position as reg<br>egistered office address, I |                           |  |
|   |  |  | 10/30/2001   |                           |  |
| ( -   | nture of Registered Agent  |  | Date   |                           |  |
| If signing on be  | half of an entity:   |  |  |                           |  |
|   | Novalis Nieves   |  |  |                           |  |
| T   | yped or Printed Name   |  |  |                           |  |

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