PD6DD0D0D44D1

(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:

Office Use Only



300318331453

09/14/18--01010--017 **\$5.08

PILED
2019 SEP IN PM 2: 44

ROCHS

SEP 1.7 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Name of Corporation
DOCUMENT NUMBER: PO6000 104401
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:
Sheila E. Hyde Name of Contact Person
North M: to Sinuth FL, Inc
20550 B95.~ Dr. Address
ESTRO FL 33928 City/State and Zip Code
Sotatkdegma. L. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Shelle Hyde at 239, 273, 2939 Name of Confact 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.
1. The name of the corporation: North MI to South FL, Inc
2. The principal office address: 20550 B9Sin Duit
5 Stero, 7L 33928
3. The mailing address (if different):
4. Date of incorporation/qualification: 810 auc Document number: PCO00104401
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)
Shelg E. Hyde
7651 Laurel Valley Rd
Ft. Miles, FC 33967 = = = =
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Sheila E. Holde
20SSO Basin Drive
ESLEVO, TH 33928
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 of director Signature of an officer of director Signature of an officer of director Shelf E 11-18 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 9-11-2018 Date
If signing on behalf of an entity:
Shela E. Hudi

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

Typed or Printed Name