P07000008738

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Ethity Name)			
(Document Number)			
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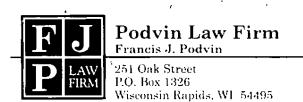
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SECRETARY OF STATE

SECRETARY OF STA

JQ 01/18/20



P 715.421.1200 | C 508.369.1651 | F 715.421.1201 | fran@podvinlawfirm.com

July 24, 2020

Amendment Section Division of Corporations PO Box 6327 Tallahassee FL 32314

Dear Sir/Madam:

Re: Nokomis South, Inc.

I enclose original Statement of Change of Registered Office or Registered Agent or Both for Corporations form together with Nokomis South, Inc. check payable to the Department of State in the amount of \$35.00 to cover the filing fee. I ask that you please return to me a copy stamped with the filing information.

Contact the undersigned if you have any questions. Thank you.

Yours very truly,

PODVIN LAW FIRM

FJP/kt Enclosures

ce: Mr. David V. Zawistowski

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE Name o	ECT: Nokomis South, Inc. of Corporation	
DOCU	JMENT NUMBER: P07000008738	
The en	closed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
David \	V. Zawistowski	
Name o	of Contact Person	
Firm/C	Company	
142 Te	mple Mound Road	
Addres	ss	
Crescei	nt City FL 32112	
City/St	tate and Zip Code	
E-mail	l address: (to be used for future annua	Cranbercies Q yahoo. Com Treport notification)
For fur	ther information concerning this matter, p	please call:
David V. Zawistowski		21 (715 X892-1712
	Name of Contact Person	at (715) 892-1712 Area Code & Daytime Telephone Number
Enclose	ed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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