

PONTWOOD 92307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R. WHITE

APR 20 2018

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18 APR 18 AM 10:38
STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NVIP INC
Name of Corporation

DOCUMENT NUMBER: PO7000092307

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:

LAWRENCE POWELL
Name of Contact Person

NVIP INC
Firm/Company

8161 CYPRESS POINT RD
Address

WEST PALM BEACH FL 33412
City/State and Zip Code

LPOWELL@CORPCATERERS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAWRENCE POWELL at (561) 756-1869
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: NVIP INC
2. The principal office address: 8161 CYPRESS POINT RD
WEST PALM BEACH FL 33412
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/16/2007 Document number: P07000092307

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)

LAWRENCE POWELL
1097 HOWELL HARBOR DR
CASSELBERRY FL 32707

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

8161 CYPRESS POINT RD
WEST PALM BEACH FL 33412

P.O. Box NOT acceptable

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.

LS Powell
Signature of an officer or director

Lawrence Powell President, NVIP Inc.
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.

LS Powell
Signature of Registered Agent

4/11/18
Date

If signing on behalf of an entity:

Lawrence S. Powell
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