

P100 000 52570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

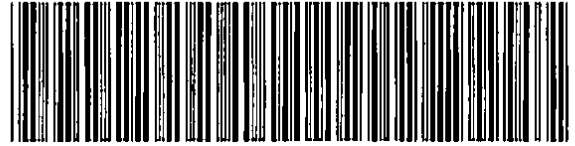
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** New Decade Life & Health Agency, Inc.

\_\_\_\_\_  
Name of Corporation

P10000052570

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Dan Chaplin

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

2666 Sabal Springs Cir, #202

\_\_\_\_\_  
Address

Clearwater, FL 33761

\_\_\_\_\_  
City/State and Zip Code

danchaplin66@icloud.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dan Chaplin

727 515-1180

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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: New Decade Life & Health Agency, Inc.
2. The principal office address: 2666 Sabal Springs Cir, #202, Clearwater, FL 33761
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 06/17/2010 Document number: P10000052570

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)

Michael A. Chaplin

334 EAST LAKE RD., #170

Palm Harbor, FL 34685

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

Michael A. Chaplin (same w/new address)

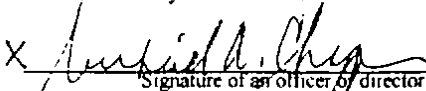
2666 Sabal Springs Cir, #202

P.O. Box NOT acceptable

Clearwater, FL 33761

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.

X   
Signature of an officer or director

Michael A. Chaplin, President

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.*

X   
Signature of Registered Agent

08/30/2019

Date

If signing on behalf of an entity:

Michael A. Chaplin

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 (03/12)

2019 SEP -6 AM 8:44  
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