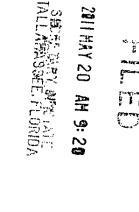
P1100016084

(Requestor's Name)	
(Address)	100207636771
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	05/20/1101023012 **35.00
(Business Entity Name)	
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527/

TO:

Amendment Section

COVER LETTER

Division of Corporations		
SUBJECT: Nature Coast In Home Television Services Name of Corporation		
DOCUMENT NUMBER: p1100016084		
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:		
Jason Martin Name of Contact Person		
Nature Coast In Home Television Services Firm/Company		
12156 Laramore St. Address		
Spring Hill, FL 34608 City/State and Zip Code INHOMETVSERVICE2011@YAHOO.COM E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jason Martinat (352)684-2551Name of Contact PersonArea Code & Daytime Telephone Number		
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

statement of cha	e provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this name is submitted for a corporation organized under the laws of the State of FL	
	ler to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: Nature Coast In Home Television Services al office address: 12156 Laramore st. Spring Hill, FL 34608	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: Feb 15, 2011 Document number: P11000016084	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	United States Corporation Agents, INC	
	13302 Winding Oaks Blvd SUITE A	
	Tampa, FL 33612	
6. The name and (if changed):	Industreet address of the new registered agent (if changed) and /or registered office Jason Martin OWNER	112 %-31, 3 ca
	Jason Martin OWNER 20	Carry.
	12156 Laramore St.	11
	Spring Hill, FL 34608 P.O Box NOT acceptable Spring Hill, FL 34608	* La.o.
The street addre as changed will	ress of its registered office and the street address of the business office of its registered agent, II be identical.	
Such change wa authorized by th	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
//	Jason Martin Owner ure of an officer or director Printed or typed name and title	
lhereby accept I further agree to of my duties, and document is bei corporation has	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this sing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.	
Jun 9	mail O5/16/20#	
,	ehalf of an entity:	
Ţ	Typed or Printed Name	

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