P11000018171

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SECRETARY OF STATE VISION OF CORPORATIONS

R.A.

JUN 1 9 2012

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT NAUTIWOOD, INC.

Name of Corporation

NOCHMENT NUMBER: P11000018171

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:

DOREE SEIVER

Name of Contact Person

NAUTIWOOD, INC.

Firm/Company

169 W. PROSPECT ROAD, STE #9

Address

OAKLAND PARK, FL 33309

City/State and Zip Code

dhseiver@yahoo.com

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

For further information concerning this matter, please call:

DOREE SEIVER

.954 \ .857-34(

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

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	•	17.0502, 607.1508, or 617.1508, Florida Statutes, th	is	
• •		organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	—	
1. The name of the	corporation: NAUTIWOOE), INC.		
	ice address: 169 W. PROS PARK, FL 33309	SPECT ROAD, SUITE #9		
3. The mailing add	ress (if different):			
4. Date of incorpora	ation/qualification: 02/21/20	Document number: P1100001817	1	
	reet address of the current regis ent of State: (If resigned, enter	tered agent and registered office on file with the resigned)		
<u>U</u>	NITED STATES CORF	PORATION AGENTS, INC.		-
13302 WINDING OAKS BLVD. SUITE A		12 J	VISIO	
<u>T.</u>	AMPA FL 33612		S	OF OF
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		54:11 NV 81 NIT 21	RY OF	
D	DOREE SEIVER		::	STAI
10	169 W. PROSPECT ROAD, SUITE #9		ω ₁	ENO.
		Sox NOT acceptable		
<u>0</u>	AKLAND PARK, FL 33	3309		
The street address as changed will be	of its registered office and the identical.	street address of the business office of its registered	i agen	it,
Such change was a authorized by the b	uthorized by resolution duly a coard, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.		
Signature of	an officer or director	DOREE SEIVER Printed or typed name and title		
I hereby accept the I further agree to c performance of my agent. Or, if this a hereby confirm tha	appointment as registered ag omply with the provisions of a duties, and I am familiar with ocument is being filed merely t the corporation has been not	ent and agree to act in this capacity. ill statutes relative to the proper and complete and accept the obligation of my position as registe to reflect a change in the registered office address, tified in writing of this change.	red I	
Signatu	Severy re of Registered Agent	5/05/12 Page		
If signing on behal	f of an entity:	, , , , , , , , , , , , , , , , , , , ,		
DOREE SEIV	ER			
Турес	or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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