

P12000015947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. TALLENT

OCT 04 2016

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 SEP 27 PM 4:26

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2016

VINCENT F. VACCARELLA, P.A.
401 SE 12 STREET, SUITE 300
FORT LAUDERDALE, FL 33316

SUBJECT: NWSC, INC.
Ref. Number: P12000015947

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 216A00021132

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: NWSC, INC.
2. The principal office address: 550 KANE COURT, SUITE 100, OVIEDO, FL 32765
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/16/2012 Document number: P12000015947
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)

CT CORPORATION

1200 S. PINE ISLAND ROAD, SUITE 250

PLANTATION, FL 33324

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

VINCENT F. VACCARELLA, P.A. ✓

401 SE 12 STREET, SUITE 300

P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33316

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.

Vincent Vaccarella
Signature of an officer or director

Michael Enkelke MANAGING MEMBER
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.

Vincent Vaccarella
Signature of Registered Agent

9-16-16
Date

If signing on behalf of an entity:

VINCENT F. VACCARELLA
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)

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TALLAHASSEE, FLORIDA