P1300001883

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddiness Entry Harrey
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800321026028

11/26/18--01006--001 **35.00

2018 NOV 26 PM 12: 4 SECRETARY OF STATE TALLAHASSEE, FI

R WHITE NOV 3 0 2013

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Nestor Consulting Group, 3	<u>ال</u>
- Table W. Swip.	7H
DOCUMENT NUMBER: <u>13∞0042883</u>	
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence concerning this matter to the f	ollowing:
Todd Nestor Name of Contact Per	
Name of Contact Per	SON
21 ml	
Nester Consulting Gra	<u> </u>
4532 W. Kennedy blue Address	t. Suite dil
TApopA FL 33609 City/State and Zip C	5d5
Chy/state and Zip C	otte
tnestor1 a valor com	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter, please call:	
	_
Todd Nestor at (<u>813 </u>
Name of Contact Person A	rea Code & Daytime Telephone Number
Engloyed is a \$25.00 shook made parable to the Department of	State
Enclosed is a \$35.00 check made payable to the Department of	State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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: Nestor Consulting Group, Inc	
2. The principal office address: 4532 W Kennedy blud Suite 270	
Tampa FL 33609	
3. The mailing address (if different):	<u></u>
4. Date of incorporation/qualification: 5-14-13 Document number: \$\frac{\psi_{13}\infty}{288}\$.	3
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)	
Todd E Nestor	
219 Drew st.	
7 1-1-1-1 7 72148	
6. The name and street address of the new registered agent (if changed) and /or registered office in (if changed):	
4522 1.1 kendedy hlud	
Suite 270 P.O. Bax NOT acceptable	J
TAMPA FL 33609	
The street address of its registered office and the street address of the business office of its registered agen as changed will be identical.	ıt.
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.	
Signature of an officer or director Todd E Nestor - 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.	
Signature of Registered Agent 11-21-18	
If signing on behalf of an entity:	
Typed 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 * * *