

P14 C C O G G C 37

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

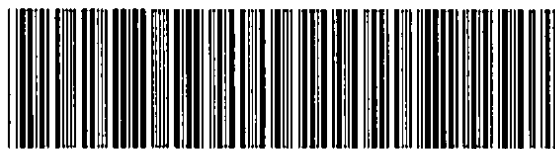
(Document Number)

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04/13/20--01017--001 \*\*10.00

02/08/20--01017--022 \*\*25.00

2020 APR 13 AM 9:49  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

QM  
4/14/20



2020 APR 13 PM 11:38

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2020

PAUL M. SHIPP  
1400 FIFTH THIRD CENTER  
600 SUPERIOR AVE. EAST  
CLEVELAND, OH 44114

SUBJECT: NFZD CORP.  
Ref. Number: P14000066037

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Querida R Moore  
Regulatory Specialist II

Letter Number: 820A00006352

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NFZD CORP  
Name of Corporation

**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:

William N. Neiheiser

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

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

15665 Glenisle Way

\_\_\_\_\_  
Address

Fort Myers, FL 33912

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

billnafpllc@gmail.com

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

For further information concerning this matter, please call:

William Neiheiser

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

at (239) 591-2909

\_\_\_\_\_  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NFZD CORP.
2. The principal office address: 28120 Hunter's Ridge Blvd. Unit #9  
Bonita Springs, FL 34135
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_
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)

NRAI SERVICES, INC.

1200 South Pine Island Road

Plantation, FL 33324

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

William N. Neiheiser

15665 Glenisle Way

P.O. Box NOT acceptable

Fort Myers, FL 33912

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.

  
Signature of an officer or director

William N. Neiheiser

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

4/10/20  
Date

If signing on behalf of an entity:

WILLIAM NEIHEISER  
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 (04/13)

FILED  
DIVISION OF CORPORATIONS  
2020 APR 13 AM 9:49