P15000015773

| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Newport Properties Inc

Name of Corporation

DOCUMENT NUMBER. P15000015773

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:

Matthew D. Wolf, Esq.

Name of Contact Person

The Law Office of Matthew D. Wolf, PLLC

Firm/Company

9016 Egret Cove Circle

Address

Riverview, FL. 33578

City/State and Zip Code

mdw@matthewwolflaw.com

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

For further information concerning this matter, please call:

Richard Brightman

.813

9656465

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 change | is submitted for a corporation organiz | , 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of 607.0502 | |
|--|--|--|-------------|
| | | red agent, or both, in the State of Florida. | |
| 1. The name of the co | orporation: Newport Properties | 5 <u>T</u> NC, | |
| 2. The principal office | ce address: 101 S. Howard Ave | e 106-364, Tampa, FL. 33606 | |
| 3. The mailing addre | ess (if different): | | |
| 4. Date of incorporat | tion/qualification: 03/1/2015 | Document number: P15000015773 | |
| | eet address of the current registered agent of State: (If resigned, enter resigned | ent and registered office on file with the | |
| Ma | atthew D. Wolf | | |
| <u>70</u> | 1 S. Howard Ave 106-364 | | |
| Та | mpa, FL. 33606 | | |
| 6. The name and stre (if changed): | eet address of the new registered agent | (if changed) and /or registered office | SEC 338 |
| Ma | atthew D. Wolf | | \$7.00 PA |
| 90 | 16 Egret Cove Circle | | 물지 |
| Riv | P.O. Box NOT acverview, FL. 33578 | cceptable | |
| The street address of | f its registered office and the street ad | ddress of the business office of its registered ag | ent, |
| _ | | by its board of directors or by an officer so fied in writing of the change. | |
| | | Michael D. Chancey, Secretary of Manager Brim5 Inc. | |
| Smatule of | n. of R. or director | Printed or typed name and title | _ |
| I further agree to co performance of my a | appointment as registered agent and imply with the provisions of all statute luties, and I am familiar with and accument is being filed merely to reflect the corporation has been notified in | agree to act in this capacity. es relative to the proper and complete cept the obligation of my position as registered et a change in the registered office address, I writing of this change. | |
| | | 03/13/2017 | |
| | of Registered Agent | Date | |
| If signing on behalf | ovan entity: | | |
| Typed o | or Printed Name | | |

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