

P15000096521

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATURE COAST PROFESSIONAL MAINTENANCE CORP
Name of Corporation

DOCUMENT NUMBER: P/5000096521

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:

VAL CARNECCHIA
Name of Contact Person

NATURE COAST PROFESSIONAL MAINTENANCE CORP.
Firm/Company

12090 N.W. 7th PLACE
Address

OCALA FL. OCALA 34482
City/State and Zip Code

VALC622@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VAL CARNECCHIA at (352) 875-9886
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**

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: NATURE COAST PROFESSIONAL MAILMAKER CORP
2. The principal office address: 12090 N.W. 7th PLACE
Ocala FL 34482
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/1/2015 Document number: P15000076521

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)

DONALD H CHASOLETH JR 449 E STAFFORD RD LAKE FL - (RESIGNED)

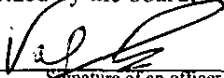
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

VAL CARNECCHIA
12090 N.W. 7th PLACE Ocala FL 34482
P.O. Box NOT acceptable

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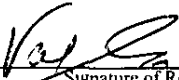
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

VAL CARNECCHIA
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

2-16-16
Date

If signing on behalf of an entity:

VAL CARNECCHIA
Typed or Printed Name

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