

P17000100387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

C. GOLDEN

FEB - 4 2019

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: NSP ESQUIRE, INC.  
2. The principal office address: 10020 NW 71<sup>ST</sup> PLACE  
TAMARAC, FLORIDA 33321  
3. The mailing address (if different): SAME  
4. Date of incorporation/qualification: 12/22/2017 Document number: P17000100387  
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)

RESIGNED

UNITED STATES CORPORATION AGENTS, INC.

13302 WINDING OAK COURT

A

TAMPA, FL 33612

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

MICHAEL POWELL

10020 NW 71<sup>ST</sup> PLACE

P.O. Box NOT acceptable

TAMARAC, FLORIDA 33321

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TALLAHASSEE, FL  
DIVISION OF STATE

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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.

Michael S. Powell  
Signature of an officer or director

MICHAEL S. POWELL, PRES.  
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.

Michael S. Powell  
Signature of Registered Agent

JAN 19<sup>TH</sup> 2019  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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