

# P18000057865

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.  
Account Number : 120160000048  
Phone : (800)345-4647  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

**REGISTERED AGENT CHANGE  
949 C.S. HOLDINGS, INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

2019 FEB 12 PM 12:01

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## 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: 949 C.S. HOLDINGS, INC.
2. The principal office address: 151 SOUTHHALL LANE, SUITE 150, MAITLAND, FL 32751
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/29/2018 Document number: P18000057865
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)

NM RESIDENTIAL, LLC151 SOUTHHALL LANE, SUITE 150

Street Address

MAITLAND,FL32751

City

State

Zip Code

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

Capitol Corporate Services, Inc.515 East Park Avenue 2nd Fl

Street Address

P.O. Box NOT acceptable

TallahasseeFL32301

City

State

Zip Code

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

Michael Maderst, Manager

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

Date

If signing on behalf of an entity:

Delanie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

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

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