

P19000078895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

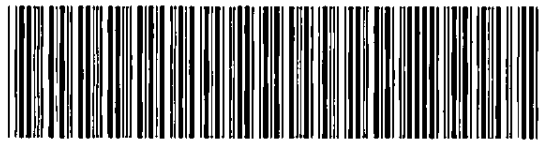
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Nall's Furniture Inc.  
Name of Corporation

DOCUMENT NUMBER: P19000078895

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:

Bobbie T. Shelley  
Name of Contact Person

Nall's Furniture Inc.  
Firm/Company

2110 U.S. Highway 441  
Address

Leesburg, FL 34748  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) BT.SHELLEY@gmail.com (btshelley5@gmail.com)

For further information concerning this matter, please call:

Bobbie T. Shelley at ( 407 ) 694-2332  
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  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Noll's Furniture, Inc.  
2. The principal office address: 2110 U.S. Highway 441 Leesburg, FL 34748

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/07/2019 Document number: P19000078895

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)

Grant Watson  
U.S. 19  
Mount Dora, FL 32757

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

Bobbie T. Shelley  
1510 Chilean Lane  
P.O. Box NOT acceptable  
Winter Park, FL 32792

2024 MAY -7 PM 9:29

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.

Joy A. Shelley  
Signature of an officer or director

Joy A. Shelley, President  
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.

Bobbie T. Shelley  
Signature of Registered Agent

4/28/24  
Date

If signing on behalf of an entity:

Bobbie T. Shelley  
Typed or Printed Name

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