

P200000064410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

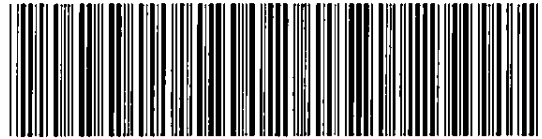
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DEB 110

MAR 13 1994

Office Use Only



500424523475

10/20/24--01001--115 **F.L.C.

FILED

2024 FEB 23 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NXD Restoration Services
Name of Corporation

DOCUMENT NUMBER: P200000064410

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:

Naimen Urdaneta
Name of Contact Person

NXD Restoration Services
Firm/Company

1017 NE 6th Ave Pa
Address

Pape Coral FL 33909
City/State and Zip Code

E-mail address: (to be used for future annual report notification) n.drestorationservices@gmail.com

For further information concerning this matter, please call:

Naimen Urdaneta at (739) 6773897
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: NXD Restoration Services
2. The principal office address: 422 SW 2nd Terrace Unit 105
Cape Coral FL 33909
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/23/24 Document number: P20000064410
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)

Naimron Urdaneta 1017 NE 6th Ave
Cape Coral FL 33909

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


Dustin Barton 1017 NE 6th
Ave Cape Coral FL 33909

P.O. Box NOT acceptable

FILED
2024 FEB 23 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Naimron Urdaneta CEO VPP
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

02/23/24
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
CR2E045 (04/13)