

P22 0000 50698

NORTH STAR IMAGING



19875 S. Diamond Lake Road
Rogers, MN 55374

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

MAR 30 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Star Imaging, Inc.
Name of Corporation

DOCUMENT NUMBER: 223A00005584

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:

David Nokk

Name of Contact Person

North Star Imaging, Inc.

Firm/Company

6700 Shadowridge Dr

Address

Orlando, FL 32812

City/State and Zip Code

mn.invoices@4nsi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Nokk

at (763) 463-5650

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

SECRETARY OF STATE
TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2023

NORTH STAR IMAGING, INC.
19875 S DIAMOND LAKE ROAD
ROGERS, MN 55374

SUBJECT: NORTH STAR IMAGING, INC.
Ref. Number: P22000050698

We have received your document for NORTH STAR IMAGING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I am confused as to what you are trying to do. According to our records the current registered agent is David Nokk not Seth Taylor. The New Registered Agent must have a Florida street address not a Minnesota address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 223A00005584



**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 Minnesota in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: North Star Imaging, Inc.
2. The principal office address: 6700 Shadowridge Dr, Orlando FL 32812

3. The mailing address (if different): _____

4. Date of incorporation/qualification: July 1st, 2022 Document number: P22000050698

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)

David Nokk - 6700 Shadowridge Dr, Orlando FL 32812

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


Larry Whitman - 6700 Shadowridge Dr, Orlando FL 32812

Title: Responsible Person/QA Director

P.O. Box NOT acceptable

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

David Nokk - General 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

3/20/2023

Date

If signing on behalf of an entity:

Larry Whitman

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)

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TALLAHASSEE, FL