

P 39 229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

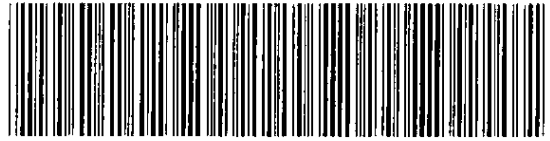
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/04/23--01019--013 \*\*35.00

2023 SEP 15 PM 12:55  
TALLAHASSEE, FL

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*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2023

JEFF MATUKEWICZ  
5959 SHALLOWFORD ROAD, STE 443  
CHATTANOOGA, TN 37421

SUBJECT: NATIONAL SEATING & MOBILITY, INC.  
Ref. Number: P39229

2023 SEP 15 PM 12:55  
TALLAHASSEE, FL

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We have received your document for NATIONAL SEATING & MOBILITY, 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):

The affidavit to change the officers or directors can only be filed during the first calendar year of the qualification. To change the officers or directors you must submit the amendment form.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 723A00019965

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Change of Officer

Name of Corporation

DOCUMENT NUMBER: P39229

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFF MATUKEWICZ

Name of Contact Person

NATIONAL SEATING & MOBILITY, INC.

Firm/Company

5959 SHALLOWFORD ROAD STE 443

Address

CHATTANOOGA TN 37421

City/State and Zip Code

JEFF.MATUKEWICZ@NSM-SEATING.COM

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

For further information concerning this matter, please call:

JEFF MATUKEWICZ

at (423) 756-2268

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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

STATE OF FLORIDA  
TALLAHASSEE, FL

2023 SEP 15 PM 12:55

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**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

P39229

(Document number of corporation (if known))

1. NATIONAL SEATING & MOBILITY, INC  
(Name of corporation as it appears on the records of the Department of State)
2. TENNESSEE 3. JUNE 8, 1992  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES CE	UEBER, ANTHONY	302 INNOVATION DR STE 500	<input type="checkbox"/> Add
		FRANKLIN TN 37067	<input checked="" type="checkbox"/> Remove
PRES CE	BODNER, CHARLES	302 INNOVATION DR STE 500	<input checked="" type="checkbox"/> Add
		FRANKLIN TN 37067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED

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SECRETARY OF STATE  
Tennessee

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Jeffrey Mathewson, cz  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)

FILING FEE \$35.00