## 00024046 Address Office Use Only 'NUMBER(S), (if known): CO 1900 So. Harbor City Blvd. Suite 102 Melbourne, Florida 32901 (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy ☐ Walk in ☐ Pick up time Photocopy Certificate of Status ☐ Will wait Mail out **NEW FILINGS** <u>AMENDMENTS</u> Amendment Profit Resignation of R.A., Officer/Dire Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other **OTHER FILINGS** REGISTRATION/QUALIFIC Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark

Other

Examiner's Initials

## 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, the undersigned corporation organized under the laws of the State of FCORIDA
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida
1. The name of the corporation: NEIGHBOR TO NEIGHBOR, INC.
2. The mailing address of the corporation: 1900 S, U.S.   S7e 102
Melhourne FL 32901
3. Date of incorporation/qualification: 1999 Document number: 19900024046
4. The name and address of the current registered agent and registered office:
5. The name and address of the new registered agent (if changed) and /or registered office (if changed).  JOHN WILKERSON  S30 KIMBERLY CIRCLE  W. Melbourne FC 32904
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.
8/12/05
(Signature of an officer, chairman or vice chairman of the board) (Date)
John Wilkerson U.P.
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Page
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(8/99)