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(Requestor's Name) (Address) (Address)	800333110048		
(City/State/Zip/Phone #)	08/22/19	01008008 **35.00	
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TO: Amendment Section Division of Corporations

N.S. Management Group, Inc.

SUBJECT:_____

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Name of Corporation

P99000039450

DOCUMENT NUMBER:

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:

Neil Smiley

Name of Contact Person

N.S. Management Group, Inc.

Firm/Company

10343 Emerson St.

Address

Parkland, FL. 33076

City/State and Zip Code

nlsmiley67@bellsouth.net

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

For further information concerning this matter, please call:

Neil Smiley	561	239-2983
	at ()
Name of Contact Person	Area Code	& Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

CR2E045 (03/12)

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

 The name of the The principal of 	e corporation:	N.S. Management Gro 10343 Emerson St., Pa	up, Inc. Irkland, FL 33076	
3. The mailing ac	ldress (if differ			
4. Date of incorp	oration/qualific	4/30/1999 ation:	P990000 Document number:	39450
		If resigned, enter resigned)	and registered office on file with	the
-	7350 NW 61	st Terrace	······································	2019
-	Parkland, F			
- 6. The name and (if changed):	street address o	f the new registered agent (il	changed) and /or registered offic	2 2 4 e
• • •	Neil Smiley		:	AH 10: 5
	10343 Emer	son St.		9
-		P.O. Box NOT accep	nable	

Parkland, FL. 33076

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 of director

Neil Smiley-PSTD

8-19-2019

Printed or typed name and title

Date

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

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 (DDEALS (02/12)