

P99000039450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

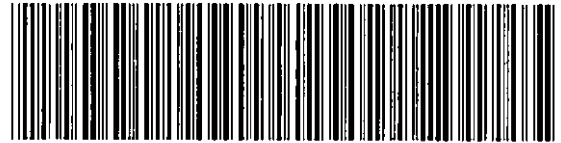
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DATE 11/13/13 BY 61645

JUN 24

J. PRATHER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** N.S. Management Group, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P99000039450

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  
500 E. Las Olas Blvd., Unit 4002

Address  
Fort Lauderdale, FL 33301

City/State and Zip Code  
nlsmile0426@gmail.com

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

For further information concerning this matter, please call:

Neil Smiley at (561) 239-2983  
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: N.S. Management Group, Inc.
2. The principal office address: 500 E. Las Olas Blvd., Unit 4002, Fort Lauderdale, FL 33301
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/30/1999 Document number: P99000039450
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)
- Neil Smiley
- 10343 Emerson St.
- Parkland, FL 33076
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- 500 E. Las Olas Blvd., Unit 4002
- Fort Lauderdale, FL 33301
- 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.

 Neil Smiley PSTD  
Signature of an officer or director 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.*

 5-7-24  
Signature of Registered Agent 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)

2024 MAY 13 PM 6:45  
CALL MABLE, INC.