#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: AMBER BENDER

Electronic Signature of Signing Officer/Director Detail

# Entity Name: NLS EAST COAST, INC

DOCUMENT# N21000011409

## **Current Principal Place of Business:**

301 EVERGREEN STREET PALM BAY. FL 32907

## **Current Mailing Address:**

PALM BAY. FL 32907 US

## FEI Number: 87-2841740

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

LOVETT, DEANA 301 EVERGREEN STREET PALM BAY, FL 32907 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

**Officer/Director Detail :** Р Title VP

Title	Ρ	Title	VP
Name	LOVETT, DEANA	Name	LOVETT, HEATH
Address	301 EVERGREEN STREET	Address	301 EVERGREEN STREET
City-State-Zip:	PALM BAY FL 32907	City-State-Zip:	PALM BAY FL 32907

**301 EVERGREEN STREET** 

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: No

SECRETARY

04/21/2022

Date

# FILED Apr 21, 2022 Secretary of State 7157509213CC

Date