#### 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: DEANA K LOVETT

Electronic Signature of Signing Officer/Director Detail

# Entity Name: NLS EAST COAST, INC

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

301 EVERGREEN STREET PALM BAY, FL 32907

#### **Current Mailing Address:**

DOCUMENT# N21000011409

**301 EVERGREEN STREET** PALM BAY, FL 32907 US

#### FEI Number: 87-2841740

#### Name and Address of Current 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:

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	Р	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

PRESIDENT

04/30/2023 Date

FILED Apr 30, 2023 Secretary of State 3034080825CC

Certificate of Status Desired: No

Date

## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT