117000019946

| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| MAIL | | | | | | | |
| me) | | | | | | | |
| (Document Number) | | | | | | | |
| s of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Office Use Only



600299969766

06/13/17--01026--007 **25.00

17 JUN 13 PM 4: 12

O SIMMONS JUN 1 4 2017

COVER LETTER

TO: Registration Section

| Divi | sion of Corporations | | |
|-----------------------------|---|---------------------------------------|--|
| OUD ID OT | NNG Investments, LLC | | |
| SUBJECT: | Name | of Limited Lial | pility Company |
| Dear Sir or M | Madam: | | |
| The enclosed | d Registered Agent/Registered Office | e Change and fe | ee(s) are submitted for filing. |
| Please return | all correspondence concerning this | matter to the fo | llowing: |
| Nicolas Pa | avouris | | |
| | Name of Person | | - |
| | Firm/Company | | - |
| 2249 Dona | ato Dr | | |
| | Address | | |
| Belleair Be | each, Fl 33786 | | |
| | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | - |
| nicolas200 |)7@msn.com | | |
| E-mail | address: (to be used for future annua | al report notific | ation) |
| For further i | nformation concerning this matter, p | lease call: | |
| Nicolas Pa | avouris | 727 | 599-4502 |
| | Name of Person | (| Area Code & Daytime Telephone Number |
| Reg Divi Clift 266 | REET/COURIER ADDRESS: istration Section ision of Corporations ton Building I Executive Center Circle ahassec, Florida 32301 | Regi Divi P.O. | stration Section sion of Corporations Box 6327 shassee, Florida 32314 |
| Enc | losed is a check for the following a | mount: | |
| ₩ \$ | 25 Filing Fee | \$55 | Filing Fee & Certified Copy |
| INHS18 (2/14 | 4) | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. N | ame of the limited liability company: NNG Investr | nents, | LLC | ; | | | |
|--|--|--|----------------------------------|---|---|---|-----------------|
| 2. (a) | 2249 Donato Dr | | (b) 2249 Donato Dr | | | | |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (0) _ | 1 | Mailing address of limit | | |
| | Belleair Beach, FL | | E | lelleair | Beach, FI | | |
| | 33786 | | 3 | 3786 | | | _ |
| | 01/25/2017 | | L1 | 700001 | 19946 | | |
| 3. | Date of filing/registration in Florida | 4. | | | Document number | • | |
| 5. (a) | Nicolas Pavouris | | | | | | |
| ` , | Registered Agent and Registered Office shown on the records of | f the Flori | da De | pt. of State | e; | | |
| | 2249 Donato Dr | | | | - | 8 1 | |
| | Registered Office Address (MUST BE FLORIDA STREET | | JUN 13 | 1 | | | |
| | Clearwater , FI | 33786 | <u> </u> | | - | FILED 17 JUN 13 PH 4: 12 DIVISION OF CORPORATIONS | n |
| (b) | Nicolas Pavouris | ·· ·· ··· | | | _ | COMPONATION | フ |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Office a | ddre | <u>is</u> : | | 5 F8 | |
| | 2249 Donato Dr | | | | | | |
| | NEW Registered Office Address: | | | * | - | | |
| | Belleair Beach , FI | 33786 | ò | | | | |
| the cha agent v was/wo | imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members cles of organization or the operating agreement of the | f the regiability of the line limited | gister comp mite l liab | ed office any, it is I liability | e and the business of s hereby confirmed y company or as oth pany. | office of the register that the change(s) | |
| Signat | ure of a member or authorized representative of a member | | | as Fav | Printed or typed name | of signee | _ |
| I herei provisi the obl to merc notified | by accept the appointment as registered agent and agent of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address, I writing of this change. | ree to ac perform d for in hereby | ct in nanc Cha confi | this capa e of my a pter 605 rm that i | | _ | ie ppt id |