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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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20 JUL -2 PH 12:

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. Na	me of the limited liability company: Navti Am	eric	an L.L.	C	
2. (a)	142 Foy Lill N		(b) 143 Fox Hill LN		
~· (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· -	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Enfield, CT 06082	<u> </u>	Enfield	, CT 06082	
				144765	
	05/28/19		L19000		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	WEIGEL, SELENA			_	
	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of Stat	de:	
	1504 BAY ROAD APT. 401			- -	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRE</u>	<u>SS)</u>	انيا سنا	
				Į.	
	MIAMI BEACH	3313	39	25/3 11112	
	, 112	-	.,,.,.,.,		
(b)	Registered Agents Inc.			F. 12: 2	
. ,	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:		
	7901 4th St N				
	NEW Registered Office Address:			_	
	STE 300				
	St. Petersburg	3370)2	••	
	· · · · · · · · · · · · · · · · · · ·			_	
the cha agent w was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the re ability of the l limite	gistered offic company, it imited liabili d liability coi	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
Signal Signal	ture of a member or authorized representative of a member	<u> </u>	iley Park	Printed or typed name of signee	
I herel provision the oblito to mere notifica	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change. Bill Havre - Assistance of Registered Agent	perfor d for it hereby	mance of my n Chapter 60. confirm that	pacity. I further agree to comply with the	