

L22 000 055 137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

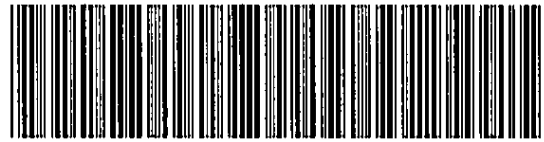
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Federal Employee Loans LLC
Name of Corporation

DOCUMENT NUMBER: 1.22000055137

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:

Alejandro Brito, Esq.
Name of Contact Person
Brito, PLLC
Firm/Company
2121 Ponce de Leon Blvd., Ste 650
Address
Coral Gables, FL 33134
City/State and Zip Code
abrito@britopllc.com

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

For further information concerning this matter, please call:

Alejandro Brito, Esq. at (305) 614-4071
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: FEDERAL EMPLOYEE LOANS LLC
2. The principal office address: 260 CRANDON BLVD STE 32-137
KEY BISCAWAYNE, FL 33149
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/11/2022 Document number: 1.22000055137
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)

NRAI SERVICES, INC.
1200 S PINE ISLAND RD
PLANTATION, FL 33324

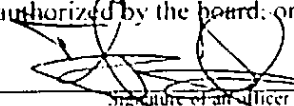
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Alejandro Brito, Esq.
2121 Ponce de Leon Blvd., Ste 650
Coral Gables, FL 33134

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.



Signature of an officer or director

Marco A Gambino

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.



Signature of registered Agent

9/21/2022

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
CR2E(045 (04/13)

2022 SEP 27 AM 11:27
TALLAHASSEE, FLORIDA