L23000091146

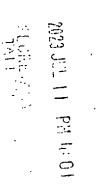
(Requestor's	Name)	
(Address)		
_		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP W	/AIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Ce	rtificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



100404413531

03/13/23--01022--028 **35.00



COVER LETTER

TO:

INHS18 (2/14)

Registration Section

. - - 3

Division of Corporations	
SUBJECT: Nint12 Holdings LLC Name of Limite	ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Michael S Foelster Name of Person	
Foelster, P.A. Firm/Company	
980 N Federal Highway Suite 110 Pl	4B 1060
Boca Raton, F1, 33437 City/State and Zip Code	
msf OfoelSterlaw.com E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	1:
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy

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. Nan	ne of the limited liability company: <u>MIntl2</u> <u>E</u>	Holdings LLC
	3258 Harrington Drive	(b) 980 N Federal Highway. Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	BUCA ROION, FL 33496	Suitello PMB 1060
		BOCA RATON, FL 33432
_	0212012073	123000091146
3.	Date of filing/registration in Florida	4. Document number
5. (a) <u>.</u>	Algandro Vilarello , P.A. Registered Agent and Registered Office shown on the records of the	the Florida Dept. of State:
	16400 NW 59th AVC	ANNERS
	Registered Office Address (MUST BE FLORIDA STREET A	<u>100RESS)</u>
	Micmi I akesFL	33014
	1=1101111111111111111111111111111111111	
(b) _	MICHAEL S. FOLISTEE , ESQ. Enter name of NEW Registered Agent and/or NEW Registered	Office address:
	980 N FEDERAL HIGHWAY NEW Registered Office Address:	Office address:
	SUITE 110 PMB 1060	 0
		_
		23437
change agent w	or changes are made, the Florida street address of the	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.
	() A add	David Adams Printed or typed name of signee
	nure of a member or authorized representative of a member	to not in this capacity. I further goree to comply with the
provisi the obl	ons of all standes returne to the proper that congress.	ree to uct it this capacity, and I am Jamiliar with and accept eperformance of my dulies, and I am Jamiliar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signatu	re of Registered Agent	