Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:	



LLC REGISTERED AGENT CHANGE NSB DEVELOPMENT, LLC

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APR 0 8 2024

K. Brumbley

H24000125782 3

	COVER LETTER
TO: Registration Section Division of Corporations	
NSB Development, LLC SUBJECT:	
	Name of Limited 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:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, 5	Ste 400
Address	
Austin, TX 78735	
City/State and Zip Cod	le
E-mail address: (to be used for future	annual report notification)
For further information concerning this mat	ter, please call:
Mary Castillo	888 705-7274
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 follow	ing amount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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

→ 18506176383

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.

(a) _	741 NAVIGATORS WAY	(b) 741 Nz	(b) 741 NAVIGATORS WAY		
\"/ -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	EDGEWATER, FL 32141	EDGE	EDGEWATER, FL 32141		
	3/6/2023	L23000	116773		
	Date of filing/registration in Florida	4.	Document number		
. (a)	PENNINGTON, BO				
	Registered Agent and Registered Office shown on the records	State:			
	741 NAVIGATORS WAY				
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)	_		
	EDGEWATER	<u> </u>	2021		
	Registered Agent Solutions, Inc.			2024 AFR	
(b) _	Enter name of NEW Registered Agent and/or NEW Registe		. γ. ·		
	2894 Remington Green Ln.				
	NEW Registered Office Address:	- <u>au-ra</u>	կ։ 2		
	Ste. A			úл	
	Tallahassee	FL_32308			
iange gent w as/wei	mited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the memberles of organization or the operating agreement of the organization.	the registered office Hiability company, : rs of the limited liab	and the business office it is hereby confirmed to ility company or as oth	e of the registered that the change(s)	
	Bo Pennington	Bo Penningt	ton Mana	aer	

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hibler, Asst, Secretary
Signature of Registered Agent