I hereby certify that the information indicated on this report or supplemental report is true and accurate	e and that my electronic signature shall have the san	ne legal effect as if made under	
oath; that I am a managing member or manager of the limited liability company or the receiver or trust	tee empowered to execute this report as required by	Chapter 605, Florida Statutes; and	
that my name appears above, or on an attachment with all other like empowered.			
SIGNATURE: ROBERT CLAY JR	MANAGER	04/06/2018	

MANAGER

SIGNATURE: ROBERT CLAY, JR

Electronic Signature of Signing Authorized Person(s) Detail

# Entity Name: NSB 5300 SOUTH ATLANTIC AVENUE - CONDO 13407 LLC

## **Current Principal Place of Business:**

27 BELLEMERE COURT MARIETTA, GA 30064

## **Current Mailing Address:**

**27 BELLEMERE COURT** MARIETTA, GA 30064 US

## FEI Number: 47-3705098

## Name and Address of Current Registered Agent:

INCORP SERVICES, INC 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	CLAY, JR, ROBERT	Name	CLAY, LINDA
Address	27 BELLEMERE COURT	Address	27 BELLEMERE COURT
City-State-Zip:	MARIETTA GA 30064	City-State-Zip:	MARIETTA GA 30064

FILED Apr 06, 2018 Secretary of State CC8717990354

Certificate of Status Desired: No

Date

Date