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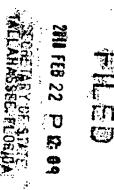
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(Address)				
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(Cil	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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FEB 2 3 2018
T. LEMIEUX

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: February 20, 2018

Order#: 076479-016

Re: NLC FL., INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 6 inge is submitted for a corporation r to change its registered office or	organized under the la	aws of the State o	f_IDAHO	
1. The name of t	the corporation: NLC FL., INC.				
2. The principal	office address: 7600 S.MERIDIAN	ROAD MERIDIAN, ID	83642		
3. The mailing a	ddress (if different):				
4. Date of incorp	orporation/qualification: 03/02/2015 Document number: F15000000877				
	I street address of the current regis trment of State: (If resigned, enter		red office on file	with the	
	C T CORPORATION SYSTEM			_	
	1200 SOUTH PINE ISLAND ROA	AD			
	PLANTATION	FL	33324	_	
6. The name and (if changed):	street address of the new register	ed agent (if changed) ar	nd /or registered o	office	
	Corporation Service Company				
	1201 Hays Street				
	P.O. Box NOT acceptable				
	Tallahassee	FL	32301	··	
	ess of its registered office and the be identical.		inget y	its registered agent,	
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of open notified in writing	directors or by of the change	pofficer so	
Claud	is Sout		ITOS, ASSISTA	SECRETARY	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered ag o comply with the provisions of a my duties, and I am familiar with is document is being filed merely i that the corporation has been not n Service Company	ent and agree to act in ll statutes relative to th and accept the obligat to reflect a change in t	this capacity: ru this capacity: ru he proper and re tion of my postic he registered off change.		
By: Drace?		02/16/20	018		
Sigr	usture of Registered Agent		Date		
If signing on bel	half of an entity:				
GRACE E. KIRE	BY, ASST. VICE PRESIDENT				
Ту	ped or Printed Name				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *