40200034699

NRAI SUVICIS, INC (Requestor's Name) 2731 EXECUTIVE POVE Drive (Address) SUITE H (Address) Wordston, FL 33331 (City/State/Zip/Phone #)	200065338382	
(Business Entity Name) (Document Number)	02/08/0601026 00 8 ** 75.00	
Certified Copies Certificates of Status Special Instructions to Filing Officer:	06 FEB -8 PM 2: 14 SELECTION TALLABORATE FLORIDA	

Office Use Only

6. n. #

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

		L02000034699		
		4. Document number	number	
5. The name of the reg Florida Department		ed office address as shown on	the records of the	
	Form - A-Corp, LLC			
		lame		
	100 Village Square Crossi		. 7 <u>8</u> 4 8 -	
		idress		
	Palm Beach Gardens, FL City, St	ate and Zip	H → 8 → 1	
6. The name and addre	ess of the new registered ager	•	8 PN 2: 14	
	NRAI Services, Inc.			
	Na 2731 Executive Park Drive	me , Suite 4	AUA II	
	Florida street address (P.O. Box NOT acceptable)	•	
	Weston	FL 33331		
	City, Star	te and Zip		

en (Signature of a member or authorized representative of a member)

(Printed or typed name of signee)

Rick Jones, Secretary

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 obligations of my position as registered agent as provided for in Chapter 608, 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. NRAI Services 16c.

(Signature of Registered Agent)

Karen Redman, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00