L05000044963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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K. SALY
NOV 14 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2016 NOV -9 AM 12:30
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TALLAHASSEE, FLORIDA

October 26, 2016

ANDERSON BUSINESS ADVISORS
RANDALL RITCHIE
3225 MCLEOD DR.
LAS VEGAS, NV 89121

SUBJECT: N8 LOGIC, LLC
Ref. Number: L05000044963

We have received your document for N8 LOGIC, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 316A00023039

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N8 Logic, LLC
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:

Randall Ritchie
Name of Person

Anderson Business Advisors
Firm/Company

3225 McLeod Drive
Address

Las Vegas, NV 89121
City/State and Zip Code

rritchie@andersonadvisors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randall Ritchie at (800) 706-4741
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

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. Name of the limited liability company: N8 Logic, LLC

2. (a) Principal office address of limited liability company: (*Note: MUST BE STREET ADDRESS*)

3315 W De Leon St #10

Tampa, FL 33609

(b) Mailing address of limited liability company: (*Note: MAY BE POST OFFICE BOX*)

2215 W De Leon St #10

Tampa, FL 33609

3. Date of filing/registration in Florida: 05/05/2005

4. Document number: L05000044963

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Zigrino, Daniel

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

3315 W De Leon St #10

Tampa, FL 33609

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TALLAHASSEE, FLORIDA

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Anderson Registered Agents, Inc

NEW Registered Office Address:

1000 N Washington Blvd

Sarasota, FL 34236

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Randall Ritchie

Printed or typed name of signee

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 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.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (2/14)