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TO: Registration Section Division of Corporations

NVision Development Management Services, LLC SUBJECT:

Name of Limited Liability Company

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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:

Ian McCook

t

Name of Person

Nvision Development Management Services, LLC

Firm/Company

485 N Keller Road, Suite 520

Address

Maitland, FL 32751

City/State and Zip Code

imecook@nvisiondevelopment.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

407 227-07 4 ?
Area Code & Daytime Telephone Number
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 following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

۱.	N	ame of the limited liability company:	nent N	Anagement Se	rvices, LLC			
2.	(a)							
	.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	Mailing address of limite (Note: MAY BE POS			
		485 N Keller Road, Suite 520		485 N Ke	ller Road, Suite 520			
		Maitland, FL 32751	_	Maitland,	FL 32751			
		4/2 6/20 06		L06000043	858	_		
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	Ian McCook						
	(-)	Registered Agent and Registered Office shown on the records of the 451 Boynton Road	he Fla	rida Dept. of Sta				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u></u>	_			
		Maitland FL	32751	· · · · · ·	_			
(<i>v</i> , .	Godbold, Downing, Bill & Rentz, P.A.			-	ري	·, ~	
		Enter name of NEW Registered Agent and/or NEW Registered (Office	eddress:	_	ž	021	
		222 W. Comstock Avenue, Suite 101				1- 2- 2::-	קור -	1 5
		NEW Registered Office Address:			-	25	۰. م	1.27.2
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		Winter Park	2789		-		9:56	يح ^{ماد} م. تحقق و
ager was the t Sig <i>I he</i> prov the c to m	it wi wer urtic inatu reby isloid	nited liability company is not organized under the laws or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of les of organization or the operating agreement of the lin re of a member or authorized representative of a member of a member or authorized representative of a member of all statutes relative to the proper and complete per pations of my position as registered agent as provided for y reflect a change to the proper and complete per pations of my position as registered agent as provided for in writing of this change.	ility of the limited	red office and company, it is mited liability liability com McCook, Mar McCook, Mar	d the business office of hereby confirmed the company or as other pany. naging Member Printed or typed name of ucity. I further agree	of the re at the c wise pr signce	egistered hange(s rovided	d) in
		Al Hegeticope Agent						
		Division of Corporations P.O. Bo FILING FEI			see, FL 32314			

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