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SIVISION OF CORPORATIONS

J. BRYAN

SEP 17 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT he Novo (roup 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:				
Robert C. Schenck (Name of Person)		U		
The Novo Group, LLC (Firm/Company)		OB SEP 16		
2931 Landover Blud S.te E	3	OB SEP 16 AHII: 28		
Spring Hill FL 34608 (City/State and Zip Code)	 	58 (
For further information concerning this matter, please call:				
(Name of Person) at ((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 amo	ount:			
\$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 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.

1. Name of the limited liability company: The No	NO Group, LLC		
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: <u>2931 Landover Blud</u> Ste B Spring Hill FL 34608		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Ste B Spring Hill FL 3460B		
December 17, 2007 3. Date of filing/registration in Florida	1. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	Mis Enterprises, LLC 2		
Registered Office Address:	2096 Gold		
	Spring Hill, FL 34609.		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Robert C. Schenck, Broken		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Ste B Ste B Spring Hill, FL 34608		
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)			
Robert C. Schenck	_		
(Printed or typed name of signee)	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.		

(Signature of Registered Agent)