L08000080465

| (Requestor's Name) | | | | |
|---|----------------|-----------|--|--|
| (Address) | | | | |
| (Address) . | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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DIVISION OF CORPORATION OS NOV 17 AM 8: 00

B. KOHR

NOV 18 2009

EXAMINER



| | ACCOUNT NO. | : 120000000 | 195 | Oppos |
|------------------|------------------|---------------|---------|--------|
| | REFERENCE | : 190709 | 4325450 | 00 100 |
| | AUTHORIZATION | juli de ma | | 1/2 |
| **** | COST LIMIT | \$ 25.00 | | 4 |
| ORDER DATE : No | ovember 17, 2009 |) | | |
| ORDER TIME : 1 | 1:51 AM | | | |
| ORDER NO. : 1 | 90709-005 | | | |
| CUSTOMER NO: | 4325450 | | | |
| | CHANGE OF AC | SENT | | |
| NAME: | NEMCO 51, LLC | | | |
| PLEASE RETURN TY | | PROOF OF FILE | ING: | |

EXAMINER:

CONTACT PERSON: Kimberly Moret -- EXT# 2949

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: | NEMCO 51, LLC | | |
|--|---|--|--|
| 2. (a) Principal office address of limited liability company | 10363 COPPER LAKE DRIVE | | |
| (Note: MUST BE STREET ADDRESS) | BOYNTON BEACH, FL 33437 | | |
| (b) Mailing address of limited liability company: | 10363 COPPER LAKE DRIVE | | |
| (Note: MAY BE POST OFFICE BOX) | BOYNTON BEACH, FL 33437 | | |
| August 15, 2008 | لوچو L08000080465 | | |
| 3. Date of filing/registration in Florida | 4. Document number | | |
| 5. (a) Registered Agent and Registered Office shown on t | the records of the Florida Dept. of State. | | |
| Registered Agent: | Corporation Service Company | | |
| Registered Office Address: | 1201 Hays Street 7 Tallahassee, FL 32301 | | |
| NEW Registered Agent: NEW Registered Office Address: | MS. NINA OLIVA 10363 COPPER LAKE DRIVE | | |
| NEW Registered Agent: | MS. NINA OLIVA | | |
| (MUST BE FLORIDA STREET ADDRESS) | BOYNTON BEACH ,FL33437 | | |
| If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company | orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization | | |
| /s/ Lisa G. McIver Signature of a member or authorized representative of a member | - | | |
| Lisa G. McIver, Authorized Person Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statules relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company | - gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change. | | |
| /s/ Nina Oliva Signature of Registered Agent | | | |