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Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048

SEP 1 4 2020

Phone : (800)345-4647
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## LLC REGISTERED AGENT CHANGE NATIONAL ASSET MANAGEMENT GROUP, LLC

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

Pursua submit Florid	s the following statement in order	to change its register	ed office or re	ne undersigned limited liability company gistered agent, or both, in the State of EMENT GROUP, LLC
1. Na	me of the Limited Liability Company:		_,	
2. (a)	B925 Collins Avenue Apt. 7F (b) 8925 Co			illins Avenue Apt. 7F
	Principal office address of limited li (Nets: MUST BE STREET)	* .* *	N	Eniting address of timined liability company: (Note: MAY BE POST OFFICE BOX)
	Surfside, FL 33154		Surfside	, FL 33154
	10/15/2008		L08000	097089
3.	Date of filing/registration is	n Florida 4.		Document number
5. (a)	Alexandru, Adrian			
	Registered Agest and Registered Office sho	rown on the records of the Fic	orida Dept. of State	
	8925 Collins Avenue Apt. 7F			<u> </u>
	Registered Office Address (MUSTRE)	LORIDA STREAT ADDA	<u>1522)</u>	
	Surfside	, FL_33	154	10
đ٠	Capitol Corporate Services,	Inc		•
(0)	Exter carse of NEW Registered Agent and		nddrenc	
	515 East Park Avenue 2nd F	i		F :: 2: 04
	NEW Registered Office Address:		<del>-</del>	· · · · · · · · · · · · · · · · · · ·
			- <u>.</u>	
	Tallahassaa	FL 32	301	
	Tallahassee			
agent was	ance or charges are made, the Florida	a street address of the of Florida limited liability of the members of the	egistered office y company, it is limited liability	RY ELLIS R. MIRSKY
Sign	ture of a member of authorized representative	on a member		Printed or typed denies of signee
I here provis the ob to mer notifie	by accept the appointment as registe tons of all statutes relative to the pro- ligations of my postition as registered ally reflect a change in the registered d in writing of this change.	red agent and agree to per and complete perfo agent as provided for office address. I herot	oct in this capormance of my in Chapter 605 ny confirm that i	ncity. I further agree to comply with the fulles, and I am familiar with and accept F.S. Or. If this document is being filed the limited liability company has been
	re of Registered Agent	L6	agn Jonnson	, Assistant Secretary on
Samu	-		•	rate Services, Inc.
	Division of Corp	porations • P.O. Box ( FULING FEE:	3370 Tallabas \$25,00	900, FL 32314

INHS18 (2/14)