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| (Re | questor's Name) | |
|-------------------------|-----------------------|--------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Name) | |
| ; (Do | ocument Number) | |
| Certified Copies | _ Certificates of | Status |
| Special Instructions to | Filing Officer | |
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

| NPN CAPITAL PARTNERS LLC Art of lac. File LTD Pattership Fine Forcing Corp. File L.C. File Fictions Name File Fictions Name File Trade/Nervice Mark Merger File Art. of Amend, File RA Resignation Dissolution / Windtrawal Antural Report / Reinstatement Cert. Copy Photo Copy Certificate of Fictions Name Certificate of Fictions Name Certificate of Fictions Name Copy Record Search Fictions Search Fictions Search Fictions Owner Search Fictions Owner Search Vehicle Search Driving Record Requested by:na I/12/24 Name Date Time UCC 11 Search | | | | |
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| Cert. Copy | | | | Dissolution / Withdrawal |
| ✓ Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Search UCC 11 Retrieval Walk-In Will Pick Up Courier Courier Courier | | | | Annual Report / Reinstatement |
| Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Search UCC 11 Retrieval UCC 11 Retrieval UCC 11 Retrieval UCC 11 Retrieval UCC 11 Retrieval UCC 11 Retrieval UCC 11 Retrieval UCC 11 Retrieval UCC 11 Retrieval UCC 11 Retrieval UCC 11 Retrieval UCC 11 Retrieval | | | | Cert. Copy |
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| Certificate of Fictitious Name | | | | Certificate of Good Standing |
| Corp Record Search | | | | Certificate of Status |
| Officer Search | | | | Certificate of Fictitious Name |
| Fictitious Search | | | | Corp Record Search |
| Fictitious Owner Search Vehicle Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval UCC 11 Retrieval Courier Couri | | | | Officer Search |
| Vehicle Search | | | | Fictitious Search |
| Vehicle Search Driving Record | Signature | | | Fictitious Owner Search |
| Courier Cour | 515 | | | Vehicle Search |
| 1/12/24 UCC 11 Search UCC 11 Retrieval UCC | | - | | Driving Record |
| UCC 11 Search | Requested by:BA | 1/12/24 | } | UCC 1 or 3 File |
| Walk-In Will Pick Up Courier | Nama | | Time | UCC 11 Search |
| | ivaine | Date | THIC | UCC 11 Retrieval |
| | · · · · · · · · · · · · · · · · · · · | • | | Courier |

COVER LETTER

| TO: Registration Section Division of Corpora | | |
|--|-------------------------------------|--|
| NPN CAPITAL SUBJECT: | PARTNERS LLC | |
| Sobotic 1. | Name of Limited L | iability Company |
| Dear Sir or Madam: | | |
| The enclosed Registered Ag | ent/Registered Office Change and | fee(s) are submitted for filing. |
| Please return all corresponde | ence concerning this matter to the | following: |
| MOISES CARDOSO | | |
| Nar | me of Person | _ |
| FILEJET INC. | | |
| Fire | n/Company | |
| 10440 PIONEER BLVD., SUI | TE 8 | |
| A | ddress | _ |
| SANTA FE SPRINGS, CA 90 | 670 | |
| City/Sta | ate and Zip Code | |
| REGISTEREDAGENT@FILE | EJET.COM | |
| E-mail address: (to be | used for future annual report notif | ication) |
| For further information cond | cerning this matter, please call: | |
| MOISES CARDOSO | 949 at (| 259-5955 |
| Name of Pe | | Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32 | on rations | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check | c for the following amount: | |
| ■ \$25 Filing Fee | □ s | 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.

| (a) | 4755 TECHNOLOGY WAY | 1 | (b) 717 N DOHENY DRIVE | | | | |
|----------------------------|--|--|---|---|-------------------------|-------------------|---|
| (-) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | SUITE 104 | | | 186 M 1 | | | |
| | BOCA RATON, FL 33431 | | BEV | ERLY HILLS, CA | 90210 | | |
| | 05/21/2019 | | L1900 | 00136431 | | | |
| (a) | Date of filing/registration in Florida Harris , Howard S | 4. | | Document | number | | |
| () | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 4755 Technology Way | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) Suite 104 | ADDRES | <u>:S)</u> | | TÄLLÄHÄSSI | 2024 JAN 29 | |
| | Boca Raton F | 33431 L | <u>-</u> | | HASS | AN 29 | |
| (b) | FILEJET INC. | | | | SEE FLORIDA | AH 10: 36 | |
| , | Enter name of NEW Registered Agent and/or NEW Registere | d Office a | ddress: | _ | Ľ GR | | |
| | 625 E. TWIGGS STREET | | | | ID A | 5 | |
| | NEW Registered Office Address: | | | | | | |
| | TAMPA . F | 33602 | | | | | |
| nge nt v /wo arti | imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the | ws of the registe ability of the li | red offi ompan mited li liabilit | ice and the busine y, it is hereby con- iability company ty company. | ess office office th | of the roat the o | egistered change(s) |
| anai | Willia Bymel ture of a member or authorized representative of a member | <u> </u> | LLIAN | 1 BYMEL Printed or tv | ned name o | fsiance | |
| _ | by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a playing in the registered office address, I d in writing of this change | ree to a e perform ed for in hereby | et in thi nance o Chapte confirm | | , | - | iply with h and acc s being fi has bee |

Signature of Registered Agent