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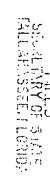


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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

1. Na	ame of the limited liability company: N2NTH C2TY CAMPON	NERS; LLC
	3599 WWW BLOD SO \$ 907 (b) PO Box 1	
•	Principal office address of limited liability company: Mailing address of limited liability (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OF	bility company:
	JACKSONY 2005, FC 33245 JACKSONZECT	FL 3214
	Date of filing/registration in Florida 4. Document number	274
3,		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		→ Fo
	JACKSONECIE, FL 32202	6 1 1 1 1 1 1 1 1 1 1
(b)	SHYAM PARKANZ	AUG 22
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	SFE OF
	3599 UNZV BLLD SU, # 907	F 153
	NEW Registered Office Address:	ध्र हिंस
	TACKSON TILE, FL 32216	,
	TACKSONZELE FL 322/6	
the cha	limited liability company is not organized under the laws of the State of Florida, it is hereby confir ange or changes are made, the Florida street address of the registered office and the business office	e of the registered
was/w	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that vere authorized by an affirmative vote of the members of the limited liability company or as otherw	the change(s) ise provided in
the art	cicles of organization or the operating agreement of the limited liability company.	prevent
Signa	ature of a member or authorized representative of a member Printed or typed name of significant states of the state of the	gnee
I here provis	by accept the appointment as registered agent and agree to act in this capacity. I further agree to ions of all statutes relative to the proper and complete performance of my duties, and I am familia	o comply with the or with and accept
the obl to mer notifie	ions of all statutes relative to the proper and complete performance of my duties, and I am familia ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documely reflect a change in the registered office address, I hereby confirm that the limited liability comed in writing of this change.	ient is being filed ipany has been

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Signature of Registered Agent