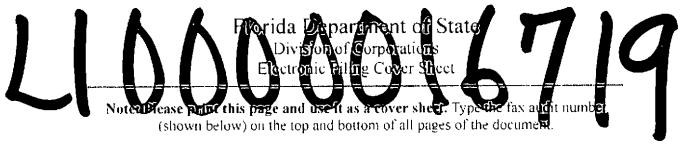
3/10/2021

Division of Corporations



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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 us registered office or registered agent, or both, in the State of Florida.

I. Na	nme of the limited liability company:	NGS IN	ΓL LLC				_
			· ì				
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	····	î	Mailing address of limited I (Note: MAYBE POST)	rability con	many:	_
	200 Powell Place		200 Pawell	Place			_
	Brentwood, TN 37027		Brentwood	, TN 37027			
	08/04/2014		L1000001				
3.	Date of filing/registration in Florida	4,		Document number			_
	REGISTERED AGENT SOLUTIONS, INC.						
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	2	-	. •	20%	
	155 OFFICE PLAZA DR., SUITE A					<u> </u>	
	TALLAHASSFE FI	32301	-···-	•	#11 257 354 354	2021 HAR 10	;
dis	C T Corporation System				의록 기독		ŗ
(ს)	Enter name of NEW Registered Agent and/or NEW Registered	i Office ad	dr ess :	-	뙲	∤ ∺ 12: 1	Ę
				_	77 (73	7	
	NEW Registered Office Address						
	1200 South Pine Island Road	_					
	Plantation, FI	33324		_			
the cha agent was/w the art	timited liability company is not organized under the large or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the multiple of a member of a member of a member.	ws of the f the regi lability co of the lin dimited	stered office ompany, it is lited liability liability con	e and the business offi s hereby confirmed the y company or as other	ce of the at the cha wise prov	ពទី៤(ខ) សេនីខេត្តប	ed —
I here provis the ob- to mer notifie By	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change. CT Corporation System Poter Trawnski - Assistant Sc	e perjorm ed för in (hereby c	t in this cap ance of my hapter 602 onfirm that	acity. I further agree duties, and I am jamil 5, F.S. Or, if this docu the limited liability co	to comply iar with a ment is b impany he	with the and acce eing file is been	e pi d

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