

L10000050807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2017 FEB 23 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

FEB 24 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2017

NFS GROUP, LLC  
KRISTIN BURKMAN  
3404 W BAY TO BAY BLVD.  
TAMPA, FL 33629

SUBJECT: NFS GROUP, LLC  
Ref. Number: L10000050807

RECEIVED  
2017 FEB 23 AM 11:05  
TALLAHASSEE, FLORIDA

We have received your document for NFS GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Please complete the document and return to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 817A00002954

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NFS Group LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Krishn Burkman  
Name of Person

NFS Group, LLC  
Firm/Company

3404 W. Bay to Bay Blvd.  
Address

Tampa, FL 33629  
City/State and Zip Code

kburkman@nfs365.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristin Burkman at (813) 416-2510  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: NFS Group, LLC
2. (a) 3404 W. Bay to Bay Blvd. (b) 3404 W. Bay to Bay Blvd.  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
Tampa, FL 33629 Tampa, FL 33629

3. 2/8/17 Date of filing/registration in Florida 4. L1000050807 Document number

5. (a) Bianna Mize  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1209 N. Tampa St  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Tampa, FL 33602

- (b) 3404 W Bay to Bay Blvd.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Tampa, FL 33629  
**NEW Registered Office Address:**

FL 33629

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Bm  
Signature of a member or authorized representative of a member

Bianna Mize  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bm  
Signature of Registered Agent

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TALLAHASSEE, FLORIDA