L100000 18656

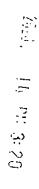
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



700342775517

04/14/2---01014--012 **25.00



R. V. G. a. C.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NLOFA LLC	ed Liability Company
Name of Limite	rd 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:
David Barkett Name of Person	
Barkett Law Firm/Company	
1005 Detridge. Avenue	<u>. </u>
Criando, F. L., 32804 City/State and Zip Code	
E-mail address: (to be used for future annual report r	notitication)
For further information concerning this matter, please call	:
David Barkett at (40) Name of Person	7) 447 - 9407 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\$\$ \$25 Filing Fee □	\$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.

1. N	nme of the limited liability company: <u>NLOF</u>	ALL	Ĉ	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u>cl·</u> (b)	Mailing address of	ake Mary Blod limited liability company: POST OFFICE BOX)
	Bldg 1010 #335		Bldg 1010 #	335
	Lake Mary, FL 32746		Lake Mary	FL 32746
3.	08 04 12010 Date of filing/registration in Florida	 -	L 000006165	 _
5 (a)	David Barkalt			
J. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept, of State:	
	201 E PINE STREET Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)		
	#315			
	Orlando.	FL 320	901	
(ի)				
	Enter name of NEW Registered Agent and/or NEW Register	red Office add	ress:	~ ·
	ADDE DOLLAR A LOCAL	_		
	NEW Registered Office Address:	<u></u>		
				
	Orlando	FL 320	041	ં ં
	•			\sim
change agent was/w	imited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the corchange of	the registered l liability corrs of the limi	d office and the business on npany, it is hereby confirm ted liability company or as ability company.	Hice of the registered ned that the change(s) sotherwise provided in
· · · · · ·	NUMMA EULA ture of a member of authorized representative of a member		Denal WEIN Printed or typed in	lana of clana
I here provis the ob- to mer	by accept the appointment as registered agent and is ions of all statutes relative to the proper and completing attons of my position as registered agent as provely reflect a change in the registered office address, d in writing of this change.	agree to act etc performa ided for in C , I hereby co	in this canacity. I further a	ugree to comply with the