## 11000013085

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JUN 1 9 2020

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>6/17/20</u>	<del></del>	**WALK IN**
ENTITY NAME	National Debt Holding	gs, LLC
DOCUMENT NUM	BERL1100001308	5
	**PLEASE F	ILE THE ATTACHED AND RETURN**
<del>-&gt;</del> ->->	Plain Copy	
	Cortified Copy	
	Certificate of St	a las
	**PLEASE OBTAIN	THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of	Arts & Amendments
	Certified Copy of	Arts & Amendments Complete File (Including Annual Reports)
	Certificate of St	alus
	Certificate of St	atas Reflecting:
	**APOSTILL	E' / NOTARIAL CERTIFICATION**
COUNTRY OF DEST		
NUMBER OF CERTI	FICATES REQUESTED_	
TOTAL OWED \$	J. S. OU	ACCOUNT # 120140000108 Cuth United Corporate Services, Inc.
Please call Tina	at the above number	for any issues or concerns. Thank you so much!

## COVER LETTER

TO:	Registration Section Division of Corporations							
CHOIC	National Debt Holdings, LLC	National Debt Holdings, LLC						
SUBJECT: Name of Limited Liability Company								
Dear Si	ir or Madam:							
The end	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.						
Please	return all correspondence concerning this m	natter to the following:						
Dolore	es Burton							
	Name of Person							
United	d Corporate Services, Inc							
	l'irm/Company	<del></del>						
100 S	state Street, Suite 800							
	Address							
Alban	y, NY 12207							
	City/State and Zip Code	<del></del>						
E	-mail address: (to be used for future annual	report notification)						
For furt	ther information concerning this matter, ple	ase call:						
	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 am	ount:						
	☑ \$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.

I. Na	une of the limited liability company: National Deb	ot Holding	s, LLC			
2. (a)	200 S. BISCAYNE BLVD	(b)	(b) 275 NORTHPOINTE PKWY  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)					
	SUITE 2790		SUITE 8	0		
	MIAMI, FL 33131	AMHERST, NY 14228				
	01/31/2011	L	1100001	3085		
3.	Date of filing/registration in Florida	- <sub>4.</sub> -		Document number		
5. (a)	JEREMY POEHLER					
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida I	ept. of State	:	<u>19</u>	
	200 S. BISCAYNE BLVD., SUITE 2790					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•		
					 .:.	
	RALANAL 22121					
	MIAMI FI	33131 L	<del></del>		iM 7: 20	
					<del>!</del>	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	P55.		20	
	She have staged to the stage of		<u></u> -			
	United Corporate Services, Inc.					
	NEW Registered Office Address:					
	9200 South Dadeland Blvd., Ste. 508					
	Miami	33156				
If the li	imited liability company is not organized under the la	ws of the S	tate of Flo	rida it is hereby confir	med that after	
the cha	nge or changes are made, the Florida street address of	f the registe	red office	and the business office	of the registered	
agent w	vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of	of the limit	ipany, it is ed liability	nereby confirmed that recompany or as otherwi	the change(s) ise provided in	
	cles of organization or the operating agreement of the		•	• •		
	Jeremy Poehler use of a member or authorized representative of a member	Jere ——	my Poer	nler, Member		
-	-		. this amou	Printed or typed name of sig	•	
provisu the obli to mere	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 the reflect a change in the registered office address, I if in writing of this change.	ree to act to performaned for in Ch hereby con	i this capa ce of my a apter 605, firm that t	icity. I jurther agree to iuties, and I am Jamilia. F.S. Or, if this docum, he limited liability com	compty with the with and accept ent is being filed pany has been	
	Michael A. Barr, President					
Signatui	e of Registered Agent					