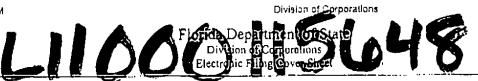
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from:

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Account Number : 075350000065
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Fax Number : (954)751-3475

Enter the email address for this business entity to be used for future annual report mailings. Enter only one enail address please.

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LLC REGISTERED AGENT CHANGE NDK GROUP, LLC

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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

. Na	me of the limited liability company: NDK GROUP, LI	LC	· · · · · · · · · · · · · · · · · · ·				
	3077 SW 13TH DRIVE		(b) 3077 SW 13TH DRIVE				
. (a) .	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	_ `	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	DEERFIELD BEACH, FL 33442	_	DEERF	ELD BEACH, FL 3344			
	10/07/201)		L1100011	5648			
. (a)	Date of filing/registration in Florida DAVID WEISMAN ESQ	4.		Document number			_
. (H)	Registered Agent and Registered Office shown on the records of 100 W. CYPRESS CREEK ROAD, STE 700	the Flori	tu Dept. of Si	ute:			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>छ।</u>				
	FORT LAUDERDALE , FL	33309		_ .	45 · 7 · 1. · 15 · .	2023 OCT 26	
(b)	MATTHEW DONOGHUE					126	一.
(5)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					PH	
	3077 SW 13TH DRIVE				· · · · · · · · · · · · · · · · · · ·	 ₹	
	NEW Registered Office Address:					52	
	DFEERFIELD BEACH, FL	33442					
hange igent v vas/we he arti	imited hability company is not organized under the later conchanges are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the l	red office company, i mited liabi l liability c	and the business offic t is hereby confirmed lity company or as of	that the cha therwise pro	nge(s)	
/W	ture of a mamber or authorized representative of a member	<u>~</u>	ATTHEW	Printed or typed name			
I hereo provisi he obl o meri notified	by accept the appointment as registered agent and agroups of all statistics relative to the proper and complete igailons of my position as registered agent as provide ly reflect a change in the registered office address, I d in writing of this change. With the of Registered Agent	ree to c perfor id for in hereby	of in this co nance of m Chapter 6 confirm th	apacity. I further agr ly duties, and I am fai 05, F.S. Or, if this di at the limited liability	ree to comply miliar with a ocument is b ocompany h	y with t and acc seing fi as been	he epi led

Division of Corporations. P.O. Box 6327. Tallahasaee, FL 32314 FILING FEE: \$25.00

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