L12000092257

(Da.			
(Rec	questor's Name)		
(Add	dress)		
(Address)			
(City	y/State/Zip/Phone	#)	
PICK-UP	MAIT	MAIL	
	inna Entitu Name	<u>, </u>	
► (Bu	siness Entity Name	∍)	
(Do	cument Number)		
Certified Copies	_ Certificates o	of Status	
Special Instructions to I	Filing Officer		
Special Instructions to Filing Officer:			

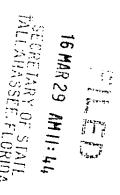




600283942986

TO MAR 29 PH 2: 50

MAR 30 LUIO J SHIVERS



CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	•	120000000195
170000111	110.	•	1200000001

REFERENCE: 020432 7899176

AUTHORIZATION :

COST LIMIT : \$/25.00

ORDER DATE: February 17, 2016

ORDER TIME : 11:20 AM

ORDER NO. : 020432-010

CUSTOMER NO: 7899176

CHANGE OF AGENT

NAME: NCBK EQUITY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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	me of the limited liability company: NCBK EQUITY,	LLC	
2. (a)	5645 CORAL RIDGE DRIVE 148	(b)	b) 59 THE WESTWAY, ETOBICOKE
J. (J.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL SPRINGS, FL 33076		ONTARIO, CANADA M9P 2B4
	07/17/2012		L12000092253
3.	Date of filing/registration in Florida	4.	Document number
e (-)	MATTHEW BELL		
5.(a)	Registered Agent and Registered Office shown on the records of the	ne Florida l	la Dept. of State:
	109 AMBERSWEET WAY 401 Registered Office Address (MUST BE FLORIDA STREET A)	DDPECC	C)
	Togisted Office Address	DDI(L33)	<u>57</u>
	DAVENPORT , FL	33897	7
		7.111.2.2.	
(b)	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·	16
	Enter name of NEW Registered Agent and/or NEW Registered (Office add	idress:
			(C = 2 D = 1
	1201 Hays Street		
	NEW Registered Office Address:		To a in
	Tallahassee	22204	
	, FL	32301	<u> </u>
the cha agent v was/we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist bility con the limit	istered office and the business office of the register ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
+	get Canon	NIGE	GEL MARSH
Signal	ure of a member-or authorized representative of a member		Printed or typed name of signee
I herei provisi the obl to mere notifit	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of the change.	e to act i performa for in Cl preby cor	t in this capacity. I further agree to comply with th nance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file confirm that the limited liability company has been
Signatu		BY: BAR	ARBARA PERRY, ASSISTANT VICE PRESIDENT

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