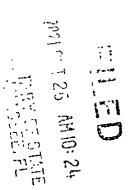
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(Reques	stor's Name)			
(Address)				
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, ,				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
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CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 159856 7779145
AUTHORIZATION :
COST LIMIT : \$ 25.00
ORDER DATE : October 22, 2021
ORDER TIME : 2:31 PM
ORDER NO. : 159856-016
CUSTOMER NO: 7779145
CHANGE OF AGENT
NAME. C/EMPTELEMENTS I.C
NAME: C/ENTITLEMENTS, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker EXT#
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. Na	ame of the limited liability company:	NTS, LI	_C		
2. (a)	2020 Salzedo Street, 5th Floor		(b)	2020 Sal:	zedo Street, 5th Floor
- . (u)	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 GABLES, FL 33134			CORAL G	SABLES, FL 33134
	08/22/2012		L	.12000108	590
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	ROMERO, RAFAEL G				
. (-)	Registered Agent and Registered Office shown on the records of 2020 Salzedo Street, 5th Floor	the Flori	ida I	Dept. of State	: ::
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	SS)		-
	CORAL GABLES, FI	33134	ļ	-	7671
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office :	ndd	<u>ress</u> :	TARY STEEL FILL
	NEW Registered Office Address:				. 77. 22
	1201 Hays Street				· m
	Tallahassee FL	32301			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li	red con mit	l office and apany, it is ed liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	Xu & Comi	Jil	I Ci	lmi, Autho	rized Person
- I herei	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ty reflect a change in the registered office address, I i	ee to a perfori d for in hereby	ct ii nar Cl	n this capa ice of my a papter 605 firm that t	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
поприес	t in writing of this change.			,	
	Orace C. Kuby re of Registered Agent				
Grace É	. Kirby, Asst. Vice President of Corporation Service Company				

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