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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASMA & ASMA, P.A.

Account Number : 120060000067 : (407)656-5750

Fax Number : (407)656-0486

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

## LLC REGISTERED AGENT CHANGE **NSHK 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.

		(b)	o)
	Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	8866 DARLENE DRIVE		8866 DARLENE DRIVE
	ORLANDO FLORIDA 32836		ORLAND FLORIDA 32836
	05/17/2013	ľ	L13000072840
	Date of filing/registration in Florida	4.	Document number
(a)			
` ′	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:
	ASMA & ASMA P.A.		
	Registered Office Address MUST BE FLORIDA STREET	TADDRESS)	2
	884 S DILLARD STREET		
	WINTER GARDEN	L_34787	20
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<b>(</b> b)			ـــــــــــــــــــــــــــــــــــــ
(•)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office add	<del></del>
	MUHAMMAD A. KHAN		
	NEW Registered Office Address:		~ Ö∫
	8866 DARLENE DRIVE		
	ON AND	22026	
	ORLANDO F	T 32836	