	(Requestor's Name)
. ((Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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Special Instructions to I	Filing Officer:

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 124395 8423450

AUTHORIZATION : _(//)x

COST LIMIT : \$ 25/00

ORDER DATE: November 9, 2023

ORDER TIME : 9:26 AM

ORDER NO. : 124395-039

CUSTOMER NO: 8423450

CHANGE OF AGENT

NAME: NORTHEAST LITHO, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- 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: NORTHEAST L	ITHO, L	LC			
2. (a)		(b)			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited I (Note: MAY BE POST O		liability company:	
	9010 STRADA STELL CT STE 103		9010 ST	RADA STELL CT STE	103	
	NAPLES, FL 34109	_	NAPLES	, FL 34109		
	10/30/2013		L1300015	3402		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
J. (a)	Registered Agent and Registered Office shown on the records of CONLEY, DANIEL J	the Florid	a Dept. of Sta	te:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 9010 Strada Stell Ct. STE 103				2023	
	NAPLES .FI	34109		_	30231:0V 13	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office ac	ddress:		չ ։ թդ կ։ 52	
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee, FI	32301		_		
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members deles of organization or the operating agreement of the	register ability co of the lin	ed office an ompany, it i nited liabilit	nd the business office o s hereby confirmed that ty company or as other	f the registered at the change(s)	
	/s/ Daniel Conley	Da	niel Conley,	Authorized Person		
Signature of a member or authorized representative of a member				Printed or typed name of signee		
provisi the obl to mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	perform d for in (hereby c	ance of my Chapter 603 onfirm that	acity. I further agree t duties, and I am famili 5, F.S. Or. if this docu the limited liability con BY, ASST. VICE PRE	ar with and accept ment is being filed mpany has been	
Signatu	Lhace C-Kubly re of Registered Agent					