Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000023465 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: URS AGENTS LLC

Account Number : I20150000127

: (800)567~4397

Fax Number

: (800)567-4398

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please, 🕏

Email Address: amanda@thenovelfox.com

LLC REGISTERED AGENT CHANGE THE NOVEL FOX, LLC

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$25.00

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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: THE NOVEL FOX, LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	s matter to the following:					
Kanetha Blehop						
Name of Person	47 ·					
URS Agents, LLC						
Pirm/Company						
3676 Crestwood Parkway, Suite 350	•					
Address						
Duluth,GA 30096						
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·					
amanda@thenovelfox.com						
E-mail address; (to be used for future annu	aal report notification)					
For further information concerning this matter,	picaso calí:					
Kanetha Bishop	800 567-4397					
Name of Person	Area Codo & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasses, Florida 32314					
Enclosed is a check for the following amount:						
\$25 Filling Pee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

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.		me of the limited liability company: 1 HE NOVEL F 1845 NW 130TH AVE PEMBROKE PINES, FL 33028		***************************************
2.	(a)	Principal office address of limited liability company: (Note: AIUST BE STREET ADDRESS)	_ (b)	Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)
3.		03/24/2014 Date of filing/registration in Florida	L140000	47783 Document number
		RITTER, AMANDA L		
5.	(a)	Registered Agent and Registered Office shown on the records of the 1845 NW 130TH AVE Registered Office Address (AUST BE FLORIDA STREET A)		16 JAN
			33028	16 JAN 28 AM IO: 33
	(b)	URS Agents, LLC		37 8
	Enter name of NEW Roghtered Agent and/or NEW Registered Office address:			
		1540 Glenway Drive		
		NEW Registered Office Address:		-
		TALLAHASSEE ,FL	32301	-
the ag	e che ent v 18/we	imited liability company is not organized under the lawings or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liabers.	the registered offic bility company, it i the limited liabili	e and the business office of the registered is hereby confirmed that the change(s) ly company or as otherwise provided in
_		Amanda Rittii		Amanda Rilter
	-	uro of a member or authorized representative of a membor 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 if in writing of this change.		
SI	gnalu	re of Registered Agent	ssistant Secr	etary -

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE; \$25,00