

L14000071867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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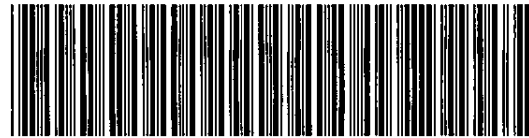
(Business Entity Name)

(Document Number)

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AUG 20 2014
C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NS Processing Solutions, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pasha Sollinger

Name of Person

NS Processing Solutions, LLC

Firm/Company

757 SE 17th Street, #242

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

Pasha@nsprocessingsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pasha Sollinger

Name of Person

at (954) 683-2874

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: NS Processing Solutions, LLC

2. (a) Pasha Sollinger (b) Pasha Sollinger

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

757 SE 17th Street, #242

Fort Lauderdale, FL 33316

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

757 SE 17th Street, #242

Fort Lauderdale, FL 33316

May 2, 2014

L14000071867

3. Date of filing/registration in Florida

4. Document number

5. (a) Pasha Sollinger

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Pasha Sollinger

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1413 SW 4th Ave

Fort Lauderdale, FL 33315

(b) _____

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Pasha Sollinger

NEW Registered Office Address:

757 SE 17th Street, #242

Fort Lauderdale, FL 33315

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Pasha Sollinger
Signature of a member or authorized representative of a member

Pasha Sollinger

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Pasha Sollinger
Signature of Registered Agent