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| (Re | questor's Name) | | | | |
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| (Ad | dress) | | | | |
| (Ad | dress) | | | | |
| (Cit | y/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: | | istration Section ision of Corporations | | | | | |
|--------|----------------------------|---|-------------------|---|-----------|--|--|
| SUBJ | ECT: | NEWBEST PLLC | | | 7 F | | |
| 0000 | | Name of Limited Liability Company | | | | | |
| Dear S | Sir or I | Madam: | | | | | |
| The er | rclose | d Registered Agent/Registered Office Ch | ange and | fee(s) are submitted for filing. | | | |
| Please | returi | n all correspondence concerning this matt | er to the | following: | | | |
| Mariv | vic Vi | lla | | | | | |
| | - | Name of Person | | <u> </u> | | | |
| NEW | /BES | T PLLC | | | | | |
| | | Firm/Company | · | - | | | |
| 1507 | Bue | nos Aires Boulevard | | | | | |
| | | Address | | | | | |
| The ' | Villag | es, Florida, 32159 | | | | | |
| | | City/State and Zip Code | | _ | | | |
| mvilla | adr@ | gmail.com or nolid.reyes@aol.com | 1 | | | | |
| - F | -mail | address: (to be used for future annual rep | ort notifi | cation) | | | |
| For fu | rther i | nformation concerning this matter, please | call: | | | | |
| Mariv | ric Vil | lla at (| 325 | 561-6299 | | | |
| | - | Name of Person | | Area Code & Daytime Telephor | ne Number | | |
| | Reg Divi Clif 266 | REET/COURIER ADDRESS: istration Section ision of Corporations ton Building I Executive Center Circle ahassee, Florida 32301 | Reg Div P.C | AILING ADDRESS: gistration Section rision of Corporations b. Box 6327 lahassee, Florida 32314 | | | |
| | Ene | losed is a check for the following amou | nt: | | | | |
| | Ø \$ | 25 Filing Fee | □ \$5 | 5 Filing Fee & Certified Copy | | | |
| INHS1 | 8 (2/1- | 1) | | | | | |

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 | me of the limited liability company: Newbest PLL | C | | | |
|---------------------|----------------------------|---|--|---|--|---|
| 2. (| a) | 1507 Buenos Aires Blvd. | (b) 1507 Buenos Aires Blbd. | | | |
| , | ĺ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | / | Mailing address of limit (Note: MAY BE PO | |
| | | The Villages, Florida 32159 | _ | The Villa | ages, Florida 32 | 158, USA |
| | | November 4, 2014 | - - | L1400017 | 71481 | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | - - |
| 5. (| (a) | United States Corporation Agents, Inc. | | | | |
| | ` ′ | Registered Agent and Registered Office shown on the records of 13302 Winding Oaks Court, Suite-A | - :: | 13.0 E | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | 9 HAR | 2018 HAR -4 |
| | | Tampa .FL | 33612 | USA | | |
| (b) | | Noli Delos Reyes | | | | AH 10: 50 |
| ` | -, | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | - | | |
| | | 1507 Buenos Aires Blvd. | | | | |
| | | NEW Registered Office Address: | | | • | |
| | | The Villages, FL | 32159 | | | |
| the cager was the a | rna it w we irtic | ny accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I for writing of this change. | the registify confidence of the limited limited limited limited limited limited limited limited for in Confidence of the limited limit | stered office ompany, it is ited liability iability com rivic Villa | e and the business of the shereby confirmed by company or as other pany. Printed or typed name activ. I further agrituties, and I am fair, F.S. Or, if this definited liability | office of the registered that the change(s) herwise provided in |
| Sign | atur | e of Registered Agent | امل | 1001 | 1 | |