L14000189291

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

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

Email Address: _____

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17 JUL -3 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2017 JUL -3 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE

N824SM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

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S. WARREN

JUL 05 2017

FL

COVER LETTER Enter the Fax Audit Number Here ->

TO: Registration Section
Division of Corporations

SUBJECT: N824SM, 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:

Mary Castillo
Name of Person

Registered Agent Solutions, Inc.
Firm/Company

1701 Directors Blvd, Suite 300
Address

Austin, TX 78744
City/State and Zip Code

notices@rasi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo at (888) 705-7274
Name of Person 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

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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.

1. Name of the limited liability company: N824SM, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

1190 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

1190 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

3. 12/11/2014 Date of filing/registration in Florida

4. L14000189291 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

FITZGERALD, CHAD L
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1190 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

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TALLAHASSEE, FLORIDA

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address.

Registered Agent Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Dr., Suite A

Tallahassee, FL 32301

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.

Signature of a member or authorized representative of a member

Russell Turner President
Printed or typed name of signee

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.

Signature of Registered Agent

Justine Karnell
Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: $25.00

INBS18 (2/14)