

Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corr	porations			2023 JAN	- 7.5
	Fax Number :	: (850)617-6383			\sim	- N J F
From	1:				Ö	-
		REGISTERED AGENT	S INC.		AM 11:	÷
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	Phone				\sim	-
	Fax Number :	: (855)330-1010			7	•
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\$25.00

Electronic Filing Menu Corporate Filing Menu

Estimated Charge

Help

FATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

rsuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company mits the following statement in order to change its registered office or registered agent, or both, in the State of vida.

Na		ve Ende	avors	LLC	
(a)	Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)	(b) y:		Mailing address of lumited ha (Note: MAY BF POST OF	bility company.
	02/23/15	l	_1500	0033028	
	Date of filing/registration in Florida HALL, CHARLES M	4.		Document number	
(a)	Registered Agent and Registered Office shown on the recon 935 Northern Dancer Way	ds of the Florida I	Dept. of State	- :.	2023 J
	Registered Office Address (MUST BE FLORIDA STRI APT 205	<u>EET ADDRESS)</u>		- -	JAN 20
	Casselberry	FL_32707			AM 11: 27
(b)	Northwest Registered Agen Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> agent and/or <u>NEW Registered Agent</u> agent age		<u>"ess</u> :		۲. ۲
	<u>NEW</u> Registered Office Address STE 300				
	St. Petersburg	FL_33702			
cha nt v :/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limits are authorized by an affirmative vote of the memb cles of organization or the operating agreement of $MT \leq MTT$	he laws of the S iss of the registr ed liability con bers of the limit f the limited lia	ered office npany, it is ed liability	and the business office s hereby confirmed that y company or as otherw	of the registered the change(s)
gna	ture of a member or authorized representative of a member		Oman	Printed or typed name of sig	ence
visi obl 1ere ¶iga	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as pro ely reflect a change in the registered office addres I in writing of this change.	plete performai wided for in Cl ss. 1 hereby con	ice of my i iapter 605 ifirm that	duties, and I am familia. 5. F.S. Or. if this docum	r with and accept- ent is being filed -
V	Taylor Newman - Assis	stant Secreta -	ary		

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