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| (Red | questor's Name) | | - |
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| (City | y/State/Zip/Phone | e #) | - |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bus | siness Entity Nan | ne) | _ |
| (Doc | cument Number) | | _ |
| Certified Copies | _ Certificates | of Status | - |
| Special Instructions to I | Filing Officer: | | 7 |
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ECRETARY OF STATE
FIRM ASSEE, FLORIDA

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COVER LETTER

| | TO: Registration Section Division of Corporations | | | | |
|---|--|---|--------------------------------------|--|--|
| SUBJECT: NOBIS PRIME MANAGEMENT LLC | | | | | |
| | Nam | e of Limited Lia | bility Company | | |
| Dear Sir or | Madam: | | | | |
| The enclose | d Registered Agent/Registered Offi | ice Change and f | ee(s) are submitted for filing. | | |
| Please retur | n all correspondence concerning the | is matter to the fo | ollowing: | | |
| Randall R | titchie | | | | |
| | Name of Person | · · · · · · · | _ | | |
| Anderson | Business Advisors | • | | | |
| - | Firm/Company | | _ | | |
| 3225 McL | eod Drive | | | | |
| | Address | - | - | | |
| Las Vega | s, NV 89121 | | | | |
| | City/State and Zip Code | | _ | | |
| rritchie@a | andersonadvisors.com | | | | |
| E-mai | address: (to be used for future ann | ual report notific | ation) | | |
| For further i | information concerning this matter, | please call: | | | |
| Randall R | itchie | 800 at (| 706-4741 | | |
| - | Name of Person | | Area Code & Daytime Telephone Number | | |
| | REET/COURIER ADDRESS: istration Section | | LING ADDRESS: | | |
| | sion of Corporations | Registration Section Division of Corporations | | | |
| | ton Building | P.O. Box 6327 | | | |
| | Executive Center Circle | | | | |
| | 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 | | | | |
| Enclosed is a check for the following amount: | | | | | |
| ☑ \$: | 25 Filing Fee | \$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. 1 | Name of the limited liability company: NOBIS PRIN | 1E MAI | NAGEME | ENT LLC | |
|---|---|--|---|--|--|
| 2. (a) |) | | (b) | | |
| (-) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | • | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 1650 Margaret Street Suite 302, #308 | | 1650 | argaret Street Suite 302, #308 | |
| | Jacksonville, FL 32204 | | Jacksonville, FL 32204 | | |
| | 04/29/2015 | | L15000 | 0075505 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a |) | | | | |
| J. (c | Registered Agent and Registered Office shown on the records of | f the Flori | da Dept. of S | State: | |
| | UNITED STATES CORPORATION AGENT | rs, inc |) . | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRE: | SS) | _ | |
| | 13302 WINDING OAK COURT A | | | | |
| | TAMPA ,F | L 3361 | 2 | | |
| | | | | | |
| (b | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> | d Office s | ddress: | - FS V G | |
| | Anderson Registered Agents, Inc | | | TATE ORIDA | |
| | NEW Registered Office Address: | | , ···· | <u> </u> | |
| | 1000 North Washington Blvd | | | · | |
| | Sarasota , F | _L 3423 | 6 | | |
| the chagent was/v | limited liability company is not organized under the language or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members tiples of organization or the operating agreement of the | of the reginability of the li | gistered of company, mited liab | fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in | |
| 4 | nature of a member or authorized representative of a member | <u>P</u> | nillip Star | mborski, AMBR | |
| Sign | nature of a member or authorized representative of a member | | | Printed or typed name of signee | |
| I her provi the ol to me notifi | eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change. | ree to a e perfori ed for in hereby | ct in this c nance of t Chapter (confirm th | apacity. I further agree to comply with the ny duties, and I am familiar with and accep 505, F.S. Or, if this document is being filed at the limited liability company has been | |

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

Signature of Registered Agent