

Electronic Filing Menu Corporate Filing Menu T. LIENNEUX

MAY 0 2 2023

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. N	ame of the limited liability company:	N, LLC	
2. (a)	1698 Lakeside Drive	Lakeside Drive (b) 1698 Lakeside Drive	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Orlando, FL 32803	Orland	o. FL 32803
	05/06/2015	L150000	80014
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporate Creations Network Inc.		
	Registered Agent and Registered Office shown on the records on 95 Merrick Way, Suite 440	of the Florida Dept. of :	State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2023
			2023 1.
	Coral Gables		1
	Corporate Creations Network Inc.	L	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
	801 US Highway 1		29
	NEW Registered Office Address:		
	North Palm Beach F	°L	
change agent v was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of th	e registered office liability company, i of the limited liab e limited liability e	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in ompany.
Signa	ture of a member or authorized representative of a member	Saray Djidji, /	Attorney in Fact Printed or typed name of signee
I here provis the ob- to mer	by accept the appointment as registered agent and agent of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	e performance of n ed for in Chapter 6 'hereby confirm th	apacity. I further agree to comply with the

Signature of Registered Agent

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