

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:	anifeil ben		
RA'is the	emen.	plach s		
	Č.	Sulgelin >		

Office Use Only



700335850387

10/24/19--01013--014 **25.00

19 OCT 24 AM 7: 55

HARRY SECORATION

RA Change

NOV 2 7 2019

COVER LETTER

TO:	Registration Section Division of Corporations			
411300	NB Office Ventures, LLC			
SUB.	JECT: Nan	e of Limite	d Liability Company	
Dear	Sir or Madam:			
The e	melosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.	
Pleas	e return all correspondence concerning th	is matter to	the following:	
Moh	amed I. Ali Eloutm			
	Name of Person			
NB (Office Ventures, LLC			
	Firm/Company			
9504	4 Beachberry Place			
	Address	-		3
Pine	ellas Park, FL 33782			CT 2
	City/State and Zip Code			122
pcal	dlmonroe@aol.com			7:
	E-mail address: (to be used for future ann	ual report r		S. C.
For fi	urther information concerning this matter,	please call	:	
Moh	amed I. Ali Eltoum	727 at (
	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		1 \$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.

I. N	ame of the limited liability company: NB Office Ve	ntures, LL	<u>C</u>
2. (a)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9405 Beachberry PI	9	405 Beachberry Pl
	Pinellas Park, FL 33782	P	inellas Park, FL 33782
	05/29/2015	L1	5000094188
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of Mohamed Ali Registered Office Address (MUST BE FLORIDA STREET)	`the Florida De	ept. of State:
	9405 Beachberry Place		19 1455
	Pinellas Park Fi	33782	0CT 2
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Mohamed I. Ali Eltoum <u>NEW</u> Registered Office Address:	d Office addres	AM 7: 55
			
the changent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liferer authorized by an affirmative vote of the members of icles of organization or the operating agreement of the distribution of a member or authorized representative of a member or authorized representative of a member or authorized representative of a member of a	f the register iability composite limited liab Molecular to act in a performance of jor in Cha	red office and the business office of the registere pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in polity company. All Flova Printed or typed name of signee this capacity. I further agree to comply with the ce of my duties, and I am familiar with and acceptable 605, F.S. Or, if this document is being filed.