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Certified Copies Certificates of Status					
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Special Instructions to Fi	lling Officer:				

Office Use Only



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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. N	TNN HOSPIT	ALITY, LI	LC				
2. (a	730 S. ATLANTIC AVE		730 S. ATLANTIC AVE.				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limit (Note: MAY BE PO			
	SUITE 102		SUITE I	02	-		
	ORMOND BEACH, FL 32176		ORMON	D BEACH, FL 32176	<u> </u>		
	10/09/2015		1.1500017	2326			
3.	Date of filing/registration in Florida ALTON L LIGHTSEY	4.		Document number	r		
5. (a	Registered Agent and Registered Office shown on the records	of the Flori	da Dept. of St	ate:			
	Registered Office Address (MUST BE FLORIDA STREA	ET ADDRE.	<u>S.S.</u> }				
	2105 PARK AVENUE NORTH				1.7	2(
	WINTER PARK	FL_32789			<u> </u>	2022 NOV 2	:J=
				_		VOI	
(b					MINSSE	29	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	red Office :	iddress:		3 <u>5</u> 5	PH	
	222 W COMSTOCK AVENUE				ر . سائر	ယ္	
	NEW Registered Office Address:				<u> </u>	5 9	
	SUITE 200						
	WINTER PARK	.FL_32789					
changagent was/ the a	limited liability company is not organized under the ge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization of the operating agreement of the operating agreemen	the registed liability of rs of the lithe limited	ered office a company, it mited liabil	and the business officies hereby confirmed lity company or as of ompany. GHTSEY	ce of the I that the therwise	register change provide	red :(s)
	nature of a member or authorized representative of a member			Printed or typed nam	-		
I hei provi the o to me notifi	why accept the appointment as registered agent and issions of all statutes relative to the proper and complobilisations) of my position as registered agent as proverely reflect a change in the registered office address ed in writing of this change.	agree to a ete perfori ided for in , I hereby	ct in this ca mance of m Chapter 60 confirm tha	pacity. I further agr y duties, and I am Ja 95, F.S. Or, if this d at the limited liability	ree to cor miliar wi ocument v compan	nply wi th and is being y has b	th the accept g filed een
Signs	ture of Registered Agent						