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(Re	equestor's Name)	
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J. LEGGETT APR 0 4 2018 **COVER LETTER**

Division of Corporations	
SUBJECT: <u>NAS Inny a Ci</u>	i Co
Name of	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
SON THE LET	
ivanie of Ferson	
NASINNYA LLC Film/Company	
20851 Johnson ST. # Address	113
Pembolo Pines FL City/State and Zip Code	33029
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
	11 (954) 309-0031
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 am	ount:
2 \$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. Na	ime of the limited liability company: NASIMILA LIC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Pendone (Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida L10000038289 Document number
5. (a)	HALL SONITA
. ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST RE FLORIDA STREET ADDRESS)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Pensbrohe Pines, FL 33029
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
the cha agent w was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	ture of a member or authorized representative of a member Sow 14 blace Printed or typed name of signee
_	
I here provisi the obl to mero notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
Signatu	n: of Registered Agent