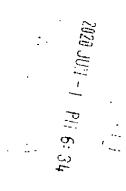
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(Requestor's Name)	
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COVER LETTER

	egistration Section		d'
D	ivision of Corporations		·
SUBJEC [*]	Nationwide Arbitrations & Inspectio	ns, LLC	
SOBJEC		ne of Limited Li	ability Company
Dear Sir o	or Madam:		
The enclo	sed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.
Please ret	urn all correspondence concerning th	is matter to the f	ollowing:
Howard K	reindel		
	Name of Person		<u> </u>
Nationwid	e Arbitrations & Inspections, LLC		
	Firm/Company		_
8056 NW	80 St.		
	Address		_
Tamarae, I	FL 33321		
	City/State and Zip Code		_
howick@a	utoinspections.net		
E-m	ail address: (to be used for future and	nual report notifi	cation)
For furthe	er information concerning this matter,	please call:	
Howard K	reindel	954 at (724-1888
	Name of Person	\	Area Code & Daytime Telephone Number
	lailing Address:		Street Address:
	egistration Section		Registration Section
	vivision of Corporations .O. Box 6327		Division of Corporations The Centre of Tallahassee
	allahassee, FL 32314		2415 N. Monroe Street, Suite 810
1	aranaosce, i E 525 (7		Tallahassee, FL 32303

Enclosed is a check for the following amount:

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	me of the limited liability company: Nationwide Arbitra	tions &	₹ In	spections	os, LLC	
2. (a)	8056 NW 80 St.	(b)	7650 NW	W 79 Ave., Unit M-1	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `			Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO)	
	Tamarac, FL 33321	_	-	Tamarae,	e, FL 33321	-
	April 1, 2016	_	L	16000063	53013	
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)					<u></u>	
	Registered Agent and Registered Office shown on the records of the	e Florid	ia I	Pept, of Sta	tate:	
	Howard Kreindel			····		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 8027 West McNab Road					
	Tamarac FL 3.	3321			ــناد ا 	
					- P	
(b)					—	•
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office a	<u>ddr</u>	'ess'	ယ္	
	Howard Kreindel					
	NEW Registered Office Address:				<u> </u>	
	7650 NW 79 Avc., Unit M-1					
	Tamarac , FL 3.	3321				
change agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability and the identical by an affirmative vote of the members of eles of organization or the operating agreement of the line.	egister ility co the lin mited	ed om nite lia	office at pany, it ed liabili	and the business office of the register is hereby confirmed that the chang lity company or as otherwise provid company.	red c(s)
Signat	ure of a member or authorized representative of a member				Printed or typed name of signee	
provision the obli to mere	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided the reflect a change in the registered office address, I had in writing of this change.	rform för in s	ian Ch	ce of my avter 60	y duties, and 1 am familiar with and 05, F.S Or, it this document is bein	accept a filed

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

Signature of Registered Agent