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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2016

ELIZABETH TWACHTMAN NERD IN THE CITY, LLC 4032 WATERVIEW LOOP WINTER PARK, FL 32792

SUBJECT: NERD IN THE CITY, LLC

Ref. Number: L16000164386

SECRETARY OF STAFE TALLAHASSEE, FEORIDA

2016 NOV 18 PM 3: 48

We have received your document for NERD IN THE CITY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 916A00022794

That I want to the state of the state of

16 OCT 21 PH 4: 43

## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Neva in the City UC  Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Elizabeth Twachtm Name of Person	an			
Nerdinthe City LLC Firm/Company				
4032 Waternew Loap Address	16 OCT 21 PM 4: 43			
Wher Park FL 3279.  City/State and Zip Code	2 4:43			
E-mail address: (to be used for future annual report potification)				
For further information concerning this matter, please call:				
Wizabeth Twachtman at (407) Let 7- Le 729  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	□ \$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 10/141	N ( N	A st
1. Na	nine of the limited liability company: Neva in the	City UC
2. (a)	4032 waterview Lwp (b)	1 '
()	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	MNER Park, FL 32792	
	·	
	Date of filing/registration in Florida 4.	0 116000164386
3.	Date of filing/registration in Florida 4.	Document number
5. (a)		
( )	Registered Agent and Registered Office shown on the records of the Florida Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	—
	. FL	
		— 69 Visit
(b)		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
		<b>5</b> - F. F.
	NEV Elizabeth Twachtman	_
	Name	
	4032 Waterview Loop	<u> </u>
	Florida street address (P.O. Box not acceptable)	•
	Winter ParkFL 32792_	<del>_</del>
	mite company is not organized under the laws of the State of Inge or changes are made, the Florida street address of the registered off	
agent w	ill be identical. Or, in the case of a Florida limited liability company, i	t is hereby confirmed that the change(s)
the artic	re authorized by an affirmative vote of the members of the limited liabiles of organization or the operating agreement of the limited liability of	ompany.
9/	which Ehro	Wheth Twachtman  Printed or typed name of signee
. 11	Access to the second se	
I hereb Provisio	y accept the appointment as registered agent and agree to act in this co ons of all statutes relative to the proper and complete performance of m	ipacity. I further agree to comply with the y duties, and I am Jamiliar with and accept
ne obli o merc	ons of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 6 ly reflect a change in the registered office address, I hereby confirm the lin writing of this change.	05, F.S. Or, if this document is being filed at the limited liability company has been
wysica	i hold	
Signatur	e of Registered Agent	
l	Division of Corporations P.O. Box 6327 Tallah	assee, FL 32314

FILING FEE: \$25.00