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06/27/18--01013--020 ++25.00



COVER LETTER ,

TO: Registration Section Division of Corporations	·
SUBJECT: NSI Brandon, LLC	2. 11. 1.22. C
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Angela Allen	
Name of Person	
NSI Online, LLC	
Firm/Company	1
29750 US Hwy 19 N #101	·
Address	, ,
Clearwater, FL 33761	.`
City/State and Zip Code	
aallen@healthnsi.com	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, please c	all:
Angela Allen 72	27 286-6203
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

l. Na	me of the limited liability company: MSI Brandon, L	LC_		
2. (a)	1118 Kyle Wood Lane	(b) 29750 US Hwy 19 N #101		JS Hwy 19 N #101
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	, -	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Clearwater FL 33761	_	Clearwa	ter FL 33761
	09/02/2016	-	L1600016	65510
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Vincent Depasquale			-
	Registered Agent and Registered Office shown on the records of the	e Floric	la Dept. of State	e:
	1118 Klye Wood Lane			_
	Registered Office Address (MUST BE FLORIDA STREET AL	<u>DDRES</u>	<u>(S)</u>	
	Brandon , FL 3	3511	-	- , , , , , , , , , , , , , , , , , , ,
(b)	Eric Edgerton			
(*)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice a	ddress:	-
	NEW Registered Office Address:			-
	, FL			_
the cha agent v was/wo	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reg sility o the lir	istered office company, it i mited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	· CA	Eri	ic Edgertor	n .
Signat	ture of a member of authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he d'in writing of this change.	e to ac erforn for in ereby c	ct in this cap nance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent