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COVER LETTER

TO: Registration Section Division of Corporations		
• • • • • • • • • • • • • • • • • • • •		
SUBJECT: Northsa, LLC Name of Limited Liability Company		
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Teffrey A Ashton Name of Person		
NoTHSA, LLC Firm/Company		
2001 Alequa Lekes Blud. Address		
Longwood, FL 32779 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Teff Ashton at (407) 416-9402 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		
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.

	une of the limited liability company: NoTHSA LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Note: MAY BE POST OFFICE BOX)
	Longwood, FL 32779 2001 Alagua Lakes Blue
3.	2/6/17 L 170000 Z 8763 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 State:
	3353 Ochmont Trucce
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Longwood ,FL 32779
(b)	(s cme)
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	2001 Aleque Lekes Blud
	NEW Registered Office Address:
	ı A
	Long wood FL 32779
me ena	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered
ageni w was/we	rill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re 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.
_	Joffran A Alton
rneren provisio the obli to more noufied	ly accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a chapter in the registered office address. I hereby confirm that the limited liability company has been in whiting of this change.
Signatur	e of Regilierost Agent