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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

\*Enter the email address for this business entity to be used for futures, annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE **NU COPPER LLC**

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

MAY - 3 2021

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## COVER LETTER

| TO:         | Registration Section Division of Corporations  |   |             |             |      |
|-------------|--|---|-------------|-------------|------|
| SUBJ        |  |   | _           |             |      |
|             | Nam  | e of Limited Liability Company  |             |             |      |
| Dear 3      | Sir or Madam:  |   |             |             |      |
| The e       | nclosed Registered Agent/Registered Offi   | ce Change and fee(s) are submitted for filing.  |             |             |      |
| Please      | e return all correspondence concerning thi   | s matter to the following:  |             |             |      |
|             | RILEY PARK   |   |             |             |      |
|             | Name of Person   |   |             |             |      |
|             | NU COPPER LLC  |   |             |             |      |
|             | Firm/Company   |   | , (c)       | 2021        |      |
| 7           | 901 4th St. N. Ste 300   |   | э.<br>П.П.  | 2021 APR 29 | ~\F. |
| <del></del> | Address  |   | 33SS<br>ANY |             | rri  |
|             | St. Petersburg, FL 33702   |   | OF STATE    | AH 9: 34    | C    |
|             | City/State and Zip Code  |   |             | ည္          |      |
| €           | eastern@registeredagentsinc.com  |   |             |             |      |
|             | E-mail address: (to be used for future ann   | nual report notification)   |             |             |      |
| For fu      | orther information concerning this matter,   | please call:  |             |             |      |
|             | Riley Park   | at (307)200-2803  | _           |             |      |
|             | Name of Person   | Area Code & Daytime Telephone Nun   | ıber        |             |      |
|             | 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. Na                     | ame of the limited liability company: NU CO   | PPER L  | LC  |                   |
|---------------------------|---|---|---|-------------------|
| 2. (a)                    | 1112 Willow Branch Dr Orlando FL 32828  | (b) <sup>79</sup>                                     | 01 4th St N Ste 4000 St Petersbug FL 33   | 702               |
| (u)                       | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |   | Mailing address of limited liability compa<br>(Note: MAY BE POST OFFICE BOX             |                   |
|                           | 04/11/2017  |   | 7000081650  |                   |
| 3,                        | 04/11/2017  Date of filing/registration in Florida  | 4,  | Document number   |                   |
| ,1 ,                      | SIERRA ALCAZAR, EDUARDO   | ,   |   |                   |
| 5. (a)                    | Registered Agent and Registered Office shown on the records of  | the Florida Dep                                       | t, of State:  |                   |
|                           | registered rigest and registered office and   | •   |   |                   |
|                           | Registered Office Address (MUST BE FLORIDA STREET   | ADDRESS)  | <u> </u>  | <b>ن</b>          |
|                           | 1112 WILLOW BRANCH DR   |   |   | 200               |
|                           | ORLANDO E   | 32828   | AHASS   |                   |
|                           | F   | 1   |   | s r               |
| (b)                       | REGISTERED AGENTS INC   | •   |   | r                 |
| ( )                       | Enter name of NEW Registered Agent and/or NEW Registere   | d Office address                                      |   | ,,-               |
|                           | 7901 4th St N   |   | <u>5</u> 3 €  | •                 |
|                           | NEW Registered Office Address:  |   |   |                   |
|                           | STE 300   |   |   |                   |
|                           | St. Petersburg  | <sub>L</sub> 33702                                    |   |                   |
|                           |   |   |   | c.                |
| the ch<br>agent<br>was/w  | limited liability company is not organized under the la<br>ange or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited la<br>were authorized by an affirmative vote of the members<br>ticles of organization or the operating agreement of the | of the registere<br>liability compa<br>of the limited | any, it is hereby confirmed that the chang<br>liability company or as otherwise provide | gistered<br>ge(s) |
|                           | R: Lung Tank ature of a member of authorized representative of a member   |   | Park/Authorized Representative of   | MGR               |
|                           |   |   | Printed or typed name of signee   |                   |
| provis<br>the ob<br>to me | eby accept the appointment as registered agent and ay<br>sions of all statutes relative to the proper and complet<br>oligations of my position as registered agent as provid<br>rely reflect a change in the registered office address. I<br>red in spriting of this change.                          |   |   |                   |
| <b>"""ジ</b> "             | Bill Havre - Secre  | <b>.</b>  |   |                   |