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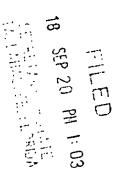
(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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COVER LETTER

TO!'	Registration Section Division of Corporations			
SUBJ	ECT: NORVAL, LLC			
	Nan	ne of Limite	d Liability Company	
Dear :	Sir or Madam:			
The e	nclosed Registered Agent/Registered Off	fice Change	and fee(s) are submitted for filing.	
Please	e return all correspondence concerning th	is matter to	the following:	
Wes	ley T. Dunaway			
	Name of Person			
Kova	ar Law Group			
	Firm/Company			
618	E. South St., Ste. 500			
	Address	-		
Orla	ndo, FL 32801			
-	City/State and Zip Code			
nvals	secchi@hotmail.com			
	E-mail address: (to be used for future and	nual report r	otification)	
For fu	arther information concerning this matter	, please call		
Wes	ley Dunaway	407	,603-6652	
	Name of Person	\	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MAILING ADDRESS:	
	Registration Section		Registration Section	
	Division of Corporations		Division of Corporations	
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle		Tallahassee, Florida 32314	
	Tallahassee, Florida 32301			
	Enclosed is a check for the following	g amount:		
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy	

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.

. Na	ame of the limited liability company: NORVAL, LL	C	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-, -	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/09/2017	L170	000102895
	Date of filing/registration in Florida	4.	Document number
. (a)	DUNAWAY, WESLEY T		
. (4)	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:
	C/O MANZO & ASSOCIATES, P.A.		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	4767 NEW BROAD ST.		
	ORLANDO, FI	32814	SEP 20
			11LED P 20 PM 1: 03
(b)	Enter name of NEW Registered Agent and/or NEW Registered		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	<u> </u>
	Kovar Law Group		03
	NEW Registered Office Address:		
	618 E. South St., Ste. 500		
	Orlando , FI	_L 32801	
herein obli	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members cles of organization of the operating agreement of the operating agreement of the operating agreement of the operating agreement of the operation of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I din writing of this change.	f the registered iability compan of the limited liability limited liability limited liability free to act in this performance of for in Chapte hereby confirm	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filled a that the limited liability company has been