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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Name of Limited Liability Company	<u></u>					
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:						
Devan P. Spinelli Name of Person						
NCP Trust LLC Firm/Company						
2708 NE 28th Street Address						
Fort Lauderdule, FL 33306 City/State and Zip Code						
Devan Sinelli O Smail. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Devan D. Spinelli at (954) 993-9552 Name of Person Area Code & Daytime Telephone Nu	 ımber					
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 & 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.

rioria	<i>t.</i>					
1. Na	me of the limited liability company:	- UC				
2. (a)	2708 NE 28th St	(b)	2708 M	E 28	1 ² 51	L
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. ,	Mailing address of lin			
	Fort Landerdale, FL 33306	For	+ Condedde	FL	33	306
	06/20/2017	L1	7000132°	150		
3.	Date of filing/registration in Florida 4.		Document numb	er		
5. (a)	Oevan P. Spinelli					
	Registered Agent and Registered Office shown on the records of the Flori	ida Dept. of Stat	e:			
	700 1830 W Brown Blod		٠			
	Registered Office Address (MUST BE FLORIDA STREET ADDRE	SS)	_	∑ ,	. <u>F</u> S:	
				<u> </u>		y# ,
	Fort Conderdale ,FL 3	3312	- -	HASS	PI AVM BIR	FI
(b)	Devan P. Spinelli		_	EE.FL	+ PH 3:	E
	Enter name of NEW Registered Agent and/or NEW Registered Office	<u>address</u> :		02. 12.	ယ္	
	2708 NE 28m 5+		_	D _f red Street	er Tus	
	NEW Registered Office Address:					
			-			
	Fort Landerdule FL 3	3306	_			
If the li	mited liability company is not organized under the laws of the	he State of Fl	orida, it is hereby	confirm	ed that	after
the cha	nge or changes are made, the Florida street address of the re	gistered offic	e and the business	office of	of the r	egister

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Devon Paul Spihelli,
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent