## Floriga Department of State Division of Comporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000235736 3)))



H200002357363ABC

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

**Division of Corporations** 

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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

Email Address:

## LLC REGISTERED AGENT CHANGE NOTHER LEVEL LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RAKOKAZ

JUL 22 2020

I ALBRITTON

RECORDANCE DE 1820 JULI 21 PH 2: 25

## 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. N	ame of the limited liability company: Nother le	evel llc		
2. (a)	1751 NE pine island rd	<sub>(b)</sub> 1751 NE pine island rd		
£. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Ste 155 #169	Ste 15	5 #169	
	Cape Coral, FL 33909	Cape C	oral. FL 33909	
	07/05/2017	L17000	144142	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	, LEGALINC CORPORATE SERVICES, INC			
J. \a	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of Sta	te:	
	5237 SUMMERLIN COMMONS		20	
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	- 20 J	
	SUITE 400		2020 JUL 21	
	FORT MYERS F	<sub>1,</sub> 33907		
	Registered Agents Inc.			
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	. 03	
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
			_	
	St. Petersburg	ւ_ <mark>337</mark> 02	_	
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered offic liability company, it of the limited liabili	the and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
	R:lu Park	Riley Park		
_	lature of a member or authorized representative of a member		Printed or typed name of signee	
provi. the ol- to me notifi	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completed bligations of my position as registered agent as providing rely reflect a change in the registered office address, and myriting of this change.	te performance of my led for in Chapter 60 I hereby confirm thu	r duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed	
<u> </u>	Bill Havre - Assista	nt Secretary		

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