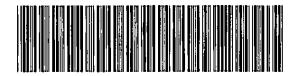
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| (Re | questor's Name) | | | | |
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| (Ad | dress) | | | | |
| (Ad | dress) | | | | |
| (Cit | y/State/Zip/Phone #/ |) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Name) | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates of | Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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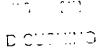




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06/18/20~-01019 --007 **25.00

Ra Change





CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: June 16, 2020

Order#: 326474/025

Re: NASHCO LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX _ Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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:NASHCO LLC | | | | | |
|------------------------------------|--|--|---------------------------------|--|-------------|--|
| 2. (a) | 707 CHAPEL HILL BLVD | (| (b) 707 CHAPEL HILL BLVD | | | |
| Σ. (α) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (| ·) <u> </u> | Mailing address of limited liab (Note: MAY BE POST OF | | |
| | BOYNTON BEACH, FL 33435 | | BOY | NTON BEACH, FL 33435 | | ·········· |
| | 08/11/2017 | | L17000 | 0171903 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a) | MARSHALL, Kerry | | | | | |
| J. (u, | Registered Agent and Registered Office shown on the records of 2815 NE 33RD AVE | of the Florid | a Dept. of | State: | | |
| | Registered Office Address (MUST BE FLORIDA STREET | TADDRES | <u>S)</u> | | | |
| | FORT LAUDERDALE | 33308 | | | 20 | , |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address: 1201 Hays Street | ed Office a | ldress: | | 18 11111115 | |
| | | 22204 | | | | • |
| | Tallahassee, F | ار | | | | |
| chang agent was/w | limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | ne register liability c s of the lir | ed offic ompany nited lia | e and the business office of t , it is hereby confirmed that t bility company or as otherwi | the registe | ered ge(s) |
| | ohn Pakel | Jol — | ın Pake | I, Authorized Person | | |
| I here provis the obto mer notifie | ature of a member or authorized representative of a member aby accept the appointment as registered agent and assions of all statutes relative to the proper and completely reflect a change in the registered agent as provided in writing of this change. The property of Registered Agent etc. Kirby, Asst. Vice President of Corporation Service in the property of the p | e perjorm led for in I hereby c | ance of Chapter onfirm t | Printed or typed name of sig capacity. I further agree to my duties, and I am familiar 605, F.S. Or, if this docume hat the limited liability comp | comply w | vith the d accept ng filed been |

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