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(Address)									
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(Business Entity Name)									
(Document Number)									
Special Instructions to Filing Officer:									

Office Use Only

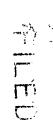


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## COVER LETTER

TO:	Registration Section Division of Corporations		2 <b>*</b>						
CLIDI	NAC Building LLC		·						
SUBJECT: Name of Limited Liability Company									
Dear S	Sir or Madam:								
The en	nclosed Registered Agent/Registered Offic	ce Change and	l fee(s) are submitted for filing.						
	return all correspondence concerning this		-						
	, ,								
Ange	lina Garcia								
	Name of Person	<del></del>	··						
NAC	Building LLC								
	Firm/Company	<del></del>	<del></del>						
3485	NW 65 ST								
	Address								
Miam	 ni FL 33147								
	City/State and Zip Code								
financ	ce@y-not.com								
E	-mail address: (to be used for future annu	ial report notif	ication)						
For fur	rther information concerning this matter,	please call:							
Angel	lina Garcia	305	<sub>.</sub> 479 2627						
	Name of Person	_ at (	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:			AILING ADDRESS:						
Registration Section			Registration Section						
	Division of Corporations Clifton Building		Division of Corporations						
	2661 Executive Center Circle Tallahassee, Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314						
	Enclosed is a check for the following	amount:							
	☑ \$25 Filing Fee	<b>□</b> \$:	55 Filing Fee & Certified Copy						
INHS18	8 (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. N	ame of the limited liability company: NAC Buildin	ig LLC							
2. (a)	3485 NW 65 ST	(b)	(b) 3485 NW 65 ST						
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mai	ling address of li Vote: MAY BE			•		
	Miami FL 33147		Miami FL 3	33147					
	08/25/2017	L	.170001828	307					
3.	Date of filing/registration in Florida	4.	Do	ocument numi	ber				
5. (a)	Angelina Garcia								
`	Registered Agent and Registered Office shown on the records of 16040 E. TROON CIR.	of the Florida I	Dept. of State:						
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)							
	MIAMI , F	<sub>L</sub> 33014			TALLA	2018 APR	~		
(b)					4.5 7.5	<del>∑</del> -			
(-)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addı	ess:		SET SSET	19			
	3485 NW 65 ST				LCRUTARY OF STATE LLAHASSEE, FLORIDA	PH 11: 32			
	NEW Registered Office Address:		<del>.</del>		RIDE	32			
	Miami	<sub>FL</sub> 33147							
the ch agent	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 were authorized by an affirmative vote of the members icles of translation or the operating agreement of the	aws of the Softhe regist liability consorting the limited liability displays the limited liability.	ered office ar	nd the busines ereby confirm ompany or as ny.	s office of	f the re	gistered		
Signa	nture of a member or authorized representative of a member			inted or typed na	me of signe	c	•		
provis the ob to mer notifie	thy accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my/position as registered agent as provided by reflect a change in the registered office address, and in veriting of this change.	gree to act i le performa led for in Cl I hereby con	n this capacit nce of my dut napter 605, F nfirm that the	ty. I further a ies, and I am .S. Or, if this limited liabil	gree to co familiar w documen ity compa	omply with and tis being has	vith the d accept ng filed been		

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