

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.

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	Division of Corporations		
	Fax Number : (850)617-6383	• • •	
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From:	Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP	NE PE	.1
	Account Number : I1998000090	-4분:	- 7
	Phone : (407)839-4200	r~ ⊆:	7.
	Fax Number : (407)839-4264	1,1	
ал	the email address for this business entity to be used for funual report mailings. Enter only one email address please.**	uture	

LEAVITT HOLDINGS, LLC

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(H210001853483)

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.

Nai	me of the limited liability company:	NOS,	LLC			
(a) _			(b)			
(a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	1200 S. Leavitt Avenue		1200 S. Leavitt Avenue			
	Orange City, Florida 32763	_	Orange City, Plorida 32763			
	1/5/2018		L18000003857			
	Date of filing/registration in Florida	4.	Document number			
(.)	B&C Corporate Services of Central Florida, Inc.					
(a)	Registered Agent and Registered Office shown on the records of the Florida Dopt. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 390 North Orange Avenue, Suite 1400					
	Registered Office Address (MUST BE FLORIDA STREET	DDRI	ESS)			
	390 North Orange Avenue, Suite 1400					
	Orlando FI	32801	1			
	Parter name of NEW Registered Agent and/or NEW Registered	Oilice	e ROOF CSS.			
	NKW Registered Office Address:					
	390 North Orange Avenue, Suite 1400					
	Orlando , FI	32801	1			
hange gent v ras/w re art	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ability of the limite	limited liability company or as otherwise provided in			
رييب	ely reflect a change in the registered office address, I d in writing of this change, wa loltaill are of Registered Agent	hērebj	ny confirm that the umited (labluty company has been			

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

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