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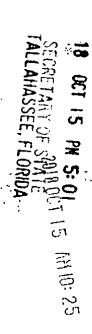
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OCT 2 4 2018 S. YOUNG



COVER LETTER

Division of Corporations			
NGY LLC SUBJECT:			
	ne of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filin	g.
Please return all correspondence concerning th	is matter to the	following:	
Gyula C Nacsa			
Name of Person			
			⊒ 0.7 ≈
Firm/Company			ECHE S
650 W. Pope Rd., Unit 276			TAICHASSI
Address			
Saint Augustine, FL 32080			IS PH 5: 0 NY OF STATE SSEE, FLORID
City/State and Zip Code	-	<u> </u>)
E-mail address: (to be used for future ann	nual report notif	fication)	
For further information concerning this matter,	please call;		
Robert Daugustinis, Esq.	904 at (297-0950	
Name of Person	\ <u></u>	Area Code & Daytime Tele	ephone Number
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	u \$.	55 Filing Fee & Certified Cop	py

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.

I. N	ame of the limited liability company: NGY LLC				
2. (a)	650 W. Pope Rd., Unit 276	(b) 650 \	(b) 650 W. Pope Rd., Unit 276		
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Saint Augustine, FL 32080	Saint	Augustine, FL 32080		
	03/08/2018	L1800	0061414		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	Gyula C Nacsa				
	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of	State:		
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS)			
	13500 Beach Blvd Ste 45		<u>~</u>		
	Jacksonville	32224			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	ILEED IS PH S: I Not of Stat Ssee, Flori		
	NEW Registered Office Address:				
	650 W. Pope Rd., Unit 276	··			
	Saint Augustine	L_32080			
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	of the registered of liability company, of the limited liab e limited liability	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.		
Sign	Signature of a member or authorized representative of a member		Printed or typed name of signee		
I here provis the ob to men notific	thy accept the appointment as registered agent and accept so all statutes relative to the proper and complete ligations of my position as registered agent as provided with reflect a change in the registered office address, led in writing of this change.	gree to act in this of e performance of i ed for in Chapter I hereby confirm to	canacity. I firsther garee to comply with the		