118000 105 204

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

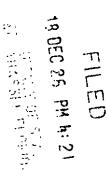
Office Use Only



100322213261

12/26/18--01013 -001 **25.00

S TALLENT JAN 1 0 2019



RIA Ut

COVER LETTER

Division of Corporations		
SUBJECT: NDE PROPERTIES, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fce(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
NOLAND EADY Name of Person		
NDE PROPERTIES, LLC Firm/Company		
2780 E. FOWLER AVE #161 Address		
TAMPA / FL 336)2 City/State and Zip Code		
Ade properties @ YAhoo, com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (8/3) 382 - 1089 Area Code & Daytime Telephone 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:		
S25 Filing Fee S55 Filing Fee & Certified Copy		

•

TO: Registration Section

' STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

Tioriau.	↑. •
1. Name of the limited liability company: \(\sumbole \)	PROPERTIES, LLC
2. (a) 278DE, FOWLER AVE	(b) 2740 E. FOWLOR AVE
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
# 161	# 161
TAMPA FL. 33612	TAMPA FL 33612
4/26/2018	L18000105204
3. Daye of filing/registration in Florida	4. Document number
5. (a) UNITED STATES CORPORATI Registered Agent and Registered Office shown on the records of	DN AGENTS, INC the Florida Dept. of State:
CHEVENNE MOSELEY Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)
13302 WINDING OAK	A 2 00
TAMP A-, FL	33612
(b) NOLAND EADY	3 3 CD
Enter name of NEW Registered Agent and/or NEW Registered	Office address:
2780 E. FOWLER A	
NEW Registered Office Address:	
#161	, <u>, , , , , , , , , , , , , , , , , , </u>
TAMPA FL	33612
If the limited liability company is not organized under the lay the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
	* * *
Signature of a member or authorized presentative of a member	NOLAND EADY Printed or typed name of signee
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

Division of Corporations

◆ P.O. Box 6327

• Tallahassee, FL 32314

FILING FEE: \$25.00

notified in writing of this change.

Signature of Registered Agent