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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Document Number)						
Certified Copies Certificates of Status						
Special lastructions to Filing Officer						
Special Instructions to Filing Officer:						





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COVER LETTER

Divi	sion of Corporations						
SUBJECT:	NE International LLC						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company						
Dear Sir or A	Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Christian /	Abraham						
	Name of Person						
Anderson	Business Advisors						
	Firm/Company						
3225 McL	eod Drive, #100						
	Address		•				
Las Vegas	s, NV 89121						
	City/State and Zip Code						
ra@ander	sonadvisors.com						
E-mail address: (to be used for future annual report notification)							
For further in	nformation concerning this matter,	please call:					
Christian A	Abraham	800 at (7064741				
	Name of Person	_ \	Area Code & Daytime Telephone Number				
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314				
Enclosed is a check for the following amount:							
☑ \$25 Filing Fee ☐ \$55		Filing Fee & Certified Copy					

Registration Section

TO:

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.

l. N	ame of the limited liability company: NE Internation	nal LLC	<u> </u>		
2. (a)	3225 McLeod Dr, Suite 100	((b) 3225 McLeod Dr, Suite 100		
(- -)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Las Vegas, NV 89121		Las Vega	as, NV 89121	
	05/11/2018		L1800011	8397	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	EQUITI PARTNERS LLC				
()	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of State	:	
	Registered Office Address (MUST BE FLORIDA STREET A	INDES	<u></u>		
	3052 DAY AVE	11/1/1/17.1	<u>.v</u>		
	MIAMI . FL	33133			
71.5	Anderson Registered Agents, Inc.				
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>ldress</u> :		
	625 E. Twiggs Street, Suite 110				
	NEW Registered Office Address:				
	114				
	Tampa , FL	33602			
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg bility c I the lir	istered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Christian Abr			aham		
Signature of a member or authorized representative of a member			, , , , , , , , , , , , , , , , , , , 	Printed or typed name of signee	
provisi the obt to mer	by accept the appointment as registered agent and agra- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this bange.	ee to ac perforn I för in iereby c	t in this capa nance of my a Chapter 605, confirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	

Signature of Registered Agent