## L18000138261

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<u>™</u> ,
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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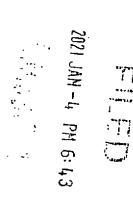




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FEB 10 2021 S. YOUNG



## **COVER LETTER**

	stration Section					,		
					,			
SUBJECT:	Nordic 3	Sons						Repair, LLC
			17	ame of Lif	niicu Liai	oility Compa	ну	
Dear Sir or M	1adam:							
The enclosed	Registered Ag	ent/Regis	tered O	office Char	nge and fe	e(s) are subr	nitted for	r filing.
Please return	all correspond	ence conc	erning	this matter	to the fol	llowing:		
Sten W	ILMOT IVE	rser)	Blom	oseth				
	Nai	ne of Pers	on			<del>-</del>		
Nordic :	3 Sons A	LL Pha	se 1	<i>duinter</i>	ianle	and Re	0411, L	LLC
		n/Compai				-		
5312 H	ollycrest 1			<del></del>		_		
	Α	ddress						
Jackson	nville , F	L 32	205			_		
	City/St	ate and Zi	p Code					
	ndsons@							
E-mail	address: (to be	used for f	uture a	nnual repo	ort notifica	ition)		
For further in	formation con	cerning th	is matte	er, please o	call:			
Sten	W. I.	Blomse	t h	at (	186	1 316 ·	ان) 104 ن	
	Name of Pe			at (				ne Telephone Number
Mail	ling Address:					Street Add	lrecc:	
	stration Section					Registratio		on
_	sion of Corpo					Division of		
P.O.	Box 6327					The Centre	of Tall	ahassee
Talla	ihassee, FL 32	2314				2415 N. M Tallahasse		treet, Suite 810 303
Encl	osed is a check	c for the f	ollowir	ng amoun	t:			
, <b>ts</b> \$2	5 Filing Fee				<b>□ \$</b> 55	Filing Fee &	: Certifie	ed Copy

HIS18 (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.

		(b)						
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. , ,		Mailing add (Note: A			oility comp FICE BO	
	5312 Hollycrest Drive Jacksonville, FL	<u>5:</u>	312	Hollyer	est D	rive	Jacks	بهر،الورا <del>-</del>
	32205		3220	<u>5</u>				
	06-04-2018		1800	00138				
	Date of filing/registration in Florida	4.		Docume	nt numbe	<b>2</b> F		
(a)	Dana Blomseth			<del></del>				
, ,	Registered Agent and Registered Office shown on the records of the	Florida Der	ot, of Sta	te:				
				<del></del>				
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)						
	5312 Hollycrest Drive			_			20	
		22205	-			•	2021 JAN -1	ವಿಕಾ
	Jacksonv. 11e FL_	32203		_		~ ~ · ·	N.	; ; 
(b)	Sten Wilmot Iverson Biomseth					·• ·	1	, 7 122
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addres	<u>5</u> :	_		Γ,		
						·	PH	
	5312 Hollycrest Drive			_			ئ ئ	
	NEW Registered Office Address:						نه	
				<del>_</del>				
	Jacksonyille FL_	3220	5	_				
				nostals da do	h		بالمطاء المما	بيطة سيرقان
ange	imited liability company is not organized under the laws or changes are made, the Florida street address of the re	gistered o	ffice ar	nd the busi	ness off	ice of t	he registe	ered
enť v	will be identical. Or, in the case of a Florida limited liabsers authorized by an affirmative vote of the members of	ility compa	any, it i	is hereby o	onfirme	d that t	the chang	ge(s)
e arti	icles of organization of the operating agreement of the lin	nited liabi	lity cor	mpany.	iy on as c	, ti i Ci 111	50 1/10 110	
		Ster	, W.	Printed or	Tuers	en E	Slomse	<del>-}</del> Ηη
Signa	ture of a member or authorized representative of a member			Printed or	typed nar	ne of sig	лее	
here	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided f ely reflect a change in the registered office address. I he	to act in terformance	his cap	xacity. I fi duțies. an	irther ag d I am f	ree to c imiliar	comply w with and	ith the Laccept