## L18000239463

	(Requestor's Name)			
	(Address)	-		
	(Address)			
· · · · · · · · · · · · · · · · · · ·	(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
	(Business Entity Name)	774		
(Document Number)				
Certified Copies	Centificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



200413368742

PILED

2023 AUG -8 AM II: 59

CHENNELSEE FLORID



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 923950 7941640

AUTHORIZATION : SARVINGERA

COST LIMIT : \$ 25.00

ORDER DATE : August 7, 2023

ORDER TIME : 9:16 AM

ORDER NO. : 923950-005

CUSTOMER NO: 7941640

-----

## CHANGE OF AGENT

NAME: NHG SPECIALTY HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## 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.

1. N	ame of the limited liability company: NHG SPECIAL	TY HOL	DINGS, LLC	
2. (a)		(	b)	
_, (.,,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	- / <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	15050 NW 79th Court Suite 200		15050 N	W 79th Court Suite 200
	Miami Lakes, FL 33016		Miami La	ikes, FL 33016
	10/17/2018		L1800023	39463
3.	Date of filing/registration in Florida	— 4.		Document number
5. (a)				
υ. (u)	Registered Agent and Registered Office shown on the records of STAINTON, WILLIAM M	the Florid	a Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u> <u>S)</u>	_
	201 NORTH FRANKLIN STR., STE. 2000			
	TAMPA	33602	<del>-</del>	202
				FILE FALLAHASSER
(b)	Enter name of NEW Registered Agent and/or NEW Registered			III.
	Enter name of NEW Registered Agent and/or NEW Registered	i Omce a	<u>iaress</u> :	SEE B
	Corporation Service Company			
	NEW Registered Office Address:			MII: 59
	1201 Hays Street			DA S
	Tallahassee , FI	32301		
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin	ed office an ompany, it i nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		olenda, Authorized Person		
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obi to mer notifie	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I do not not this change.	ree to ac perform d for in ( hereby c	t in this cap ance of my Chapter 603 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	re of Registered Agent E. Kirby, Asst. Vice President on behalf of Corporati	on Servi	ce Compan	v
Giace	Division of Corporations P.O.			

FILING FEE: \$25.00