119000140233

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

Office Use Only



600330272066

06/14/13 Erric

2019 JUN 1 (AP PH 2: 22

Y SULKER
JUN 2 6 2019

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: NSI Orlando	,LLC		
2. (a)		<u> </u>	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9430 Turkey Lake Rd, Suite 102		29750	US Hwy 19, Suite 101
	Orlando, FL 32819		Clearw	ater, FL 33761
	5/24/19		L190001	140233
3.	Date of filing/registration in Fiorida	- 4.		Document number
5. (a)				
, ,	Registered Agent and Registered Office shown on the records of Maria Cecil	the Flor	ids Dept. of Su	ste:
				
	Registered Office Address	<u>ADDRE</u>	<u>(\$.\$)</u>	
	Clearwater	3376	1	
(p)	Enter name of NEW Registered Agent and/or NEW Registered			PH 2: 22
	Man of Man Acelsteren Apent and or NEW Registered	<u> Office 1</u>	<u>iddress</u> :	22
	Eric J Edgerton			(a) 2
	NEW Registered Office Address:			_
	29750 US Hwy 19, Suite 101	<u></u>		
	Clearwater	3376 ⁻	1	
agent w was/we the artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited line are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the the regability of the limited	e State of Fl sistered offic company, it is	is and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in in inpany.
	ure of a member or authorized representative of a member			Printed or typed name of signee
I hereb provision he obli o mereb ootified	y accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have writing of this change.	ee to ad perform d for in iereby d	et in this cap nance of my Chapter 603 confirm 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
Signature	e of Registered Agent			
	-			

1. 1.

COVER LETTER

Division of Corporations				
SUBJECT: NSI Orlando, LLC				
Name of L	imited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
Eric J Edgerton				
Name of Person				
NSI Orlando, LLC				
Firm/Company				
29750 US Hwy 19, Suite 101				
Address				
Clearwater, FL 33761				
City/State and Zip Code				
maria@healthnsi.com				
E-mail address: (to be used for future annual repe	ort notification)			
For further information concerning this matter, please	call:			
Maria Cecil 7	27 286-6203			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section			
Clifton Building	Division of Corporations			
2661 Executive Center Circle	P.O. Box 6327			
Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
INHS18 (2/14)				