

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L19000231829

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : URS AGENTS LLC
Account Number : 120159000127
Phone : (800)567-4197
Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: nathalie@nlmeng.com

**LLC REGISTERED AGENT CHANGE
NLM ENGINEERING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2024 AUG -8 AM 11:37

REC'D
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2024 AUG -8 PM 3:42

APPROVED
AND
FILED

((H124000266522 3))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NLM ENGINEERING, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nathalie Martin

Name of Person

NLM ENGINEERING, LLC

Firm/Company

931 N State RD 4341201-112

Address

Altamonte Springs, FL 32714

City/State and Zip Code

nathalie@nlmeng.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Georgina Vega

800
at (

567-4397
)

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Chifton 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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

(H24000266522.30)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0111 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. Name of the limited liability company: NLM ENGINEERING, LLC

2. (a) Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)

931 N State RD 4341201-112

Altamonte Springs, FL 32714

(b) Mailing address of limited liability company.
(Note: MAY BE POST OFFICE BOX)

931 N State RD 4341201-112

Altamonte Springs, FL 32714

09/13/2019

L19000231829

3. Date of filing/registration in Florida

4. Document number

5. (a) MARTIN, NATHALIE L

Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

931 N SR 434 Suite 1201-112

Altamonte Springs, FL 32714

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

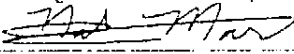
URS AGENTS, LLC

NEW Registered Office Address.

3458 LAKESHORE DRIVE

TALLAHASSEE, FL 32312

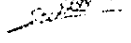
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Nathalie Martin

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Georgina Vega, Asst. Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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AND
FILED
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CLERK OF COURT
JESSICA L. BROWN