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From:

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Phone : (307)200-2803

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

LLC REGISTERED AGENT CHANGE NOR LLC

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T. LEMIEUX

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MAY 1 6 2023

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Help

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: NOR	, LLC	.				
2. (a)		(b)				
	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	7901 4th St N STE 300		7901 4t	h St N STE 3	00		
	St. Petersburg FL 33702		St. Peters	sburg FL 33702	2		
	12/11/2019		L19000	302400			
3.	Date of filing/registration in Florida	4.	1	Document number	r		····
5. (a)	COWAN, ROMAN O						
J. (u)	Registered Agent and Registered Office shown on the rec	cords of the Florida	Dept. of State:				
	3619 S GARDENIA AVE				· ;	202	
	Registered Office Address (MUST BE FLORIDA ST	TREET ADDRESS	<u> </u>			2023 ;	
	TAMPA	_{. FL} 33629			,	15	 (.
(b)	Northwest Registered Age	ent LLC			 	PH 5:	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	gistered Office add	r <u>ess</u> :		•	23	
	7901 4th St N						
	NEW Registered Office Address						
	STE 300						
	St. Petersburg	_{FL} 33702					
the chagent was/w the art	limited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida lin ere authorized by an affirmative vote of the mer icles of organization or the operating agreement	lress of the regis nited liability co mbers of the limi t of the limited li	tered office mpany, it is ited liability ability com	and the business of hereby confirmed company or as of	office of that th	of the reg ie chang	gistered (c(s)
	sture of a member or authorized representative of a membe	<u>Nat</u>	Smith	Printed or typed name			
				**	•		siels elsa
provis the ob- to mer	by accept the appointment as registered agent of ions of all statutes relative to the proper and co ligations of my position as registered agent as p ely reflect a change in the registered office add d in writing of this change.	and agree to act implete performa provided for in C ress, I hereby co	in inis capa ince of my d hapter 605, infirm that ti	city. I juriner dg) uties, and I am fa F.S. Or, if this d he limited liability	ve w c miliar v ocumen compo	omply w with and it is bein iny has	l accept ng filed been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Taylor Newman - Assistant Secretary

Signature of Registered Agent