1200000 17950

(Requestor's Name)				
	(Address)			
	(Address)			
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
	, ,			
☐ PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions	s to Filing Officer:			
İ				

Office Use Only



300342762273

04/10/26~-01637--641 **35.00

05/05/20--01002--009 **25.00

SECRETARY or STATE FALLAHASSEE, FLORID/

20 MAY -5 AM 10: 54

COVER LETTER

	Registration Section Division of Corporatio	ns	
SUBJEC	CT: LEV	NOVERD	LLC
SUBJECT: LEVI NOVERD LLC Name of Limited Liability Company			
Dear Sir	or Madam:		
The encl	osed Registered Agen	/Registered Office CI	nange and fee(s) are submitted for filing.
Please re	turn all correspondence	e concerning this mat	iter to the following:
	Levi No	Ve10	
	Name	of Person	
	Levi No	vero LL	- C
	Firm/0	Company	
3	113 Low	bank Dr.	
	Add	ress	
\mathcal{N}_{i}	aples, FL City/State	34104	
	City/State	and Zip Code	
	evi, , , no v	ers (* 9 M ed for future anglial ro	eport notification)
For furth	ner information concer	ning this matter, pleas	se call:
Le	Name of Person	***	(201) 618 - 4207 Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ions	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:			
	2 \$25 Filing Fee		S55 Filing Fee & Certified Copy
INHS18	(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.

Lair Marca	Co let co	
1. Name of the limited liability company: Levi Nove 2. (a) 9155 Wilshire Lake Blus (b)	76 020	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
Naples, FL 34109		
O 1 10 2020 1 Date of filling/registration in Florida 4.	10000017950	
3. Date of filling/registration in Florida 4.	Document number	
5. (a) Levi Novero		
Registered Agent and Registered Office shown on the records of the Florida Dept. o	f State:	
8155 Wilshire Lakes BIVd		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
Naples, FL 341-9	2020 MAY SECRET ALL AHA	
FL		
(b) Lev. Novero		
Enter name of NEW Registered Agent and/or NEW Registered Office address:	AM IO: S	
B113 Lowbank Dr.	AMIO: 54	
NEW Registered Office Address:		
Naples IFL 3410	9	
If the limited liability company is not organized under the laws of the State change or changes are made, the Florida street address of the registered offic agent will be identical. Or, in the case of a Florida limited liability company was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability	of Florida, it is hereby confirmed that after the ce and the business office of the registered this hereby confirmed that the change(s) ability company or as otherwise provided in	
(/	Printed or typed name of signee	
- // / /		
I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapter to merely reflect a change in the registered office address. I hereby confirm notified in writing of this change.	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been	
Signature of Registered Agent		
Division of Corporations P.O. Box 6327 Tal	lahassee, FL 32314	

FILING FEE: \$25.00