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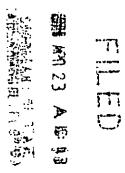
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: MNG HOLDING S Name of Limited Liab				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fo	ee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the fo	llowing:			
TEANNE MOSAKOUSK	<u>/</u> _			
MNG HOLD/NGS, LCC Firm/Company	1 -			
500 E. LAS OLAS BLVS, Address	F3102			
FORT LAUDENDALE, FC City/State and Zip Code	33 <i>301</i>			
THANKESMOS @ GMYIL. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
SHANK MOSAKUWSKi at (321) Name of Person) 427- 9552 Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

I. Na	une of the limited liability company:	NGS, LLC
2. (a)	500 E. LAS OLAS BLVD (b)	
~. (41)	(*/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	# 3102	time. Seri De l'Ost VI I (Ce 1899)
	FURT CAUDEN ALE, HC 33301	
	3/9/20	
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	UNTIRED STATES CORPORATION AGENTS	11.0
D. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
	5575 S. SEMORAN BLYD	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
	STR 36	_
	ONLIANDO .FL 32822	_
(h)	JEANNE MOSAKONSKI	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	500 E. LAS OLAS DUD	23
	NEW Registered Office Address:	
	# 3102	
	FORT LAUDENDAUE FI. 33301	-
change agent v was/we the arti	imited liability company is not organized under the laws of the State of Fleor changes are made, the Florida street address of the registered office an will be identical. Or, in the case of a Florida limited liability company, it is the ere authorized by an affirmative vote of the members of the limited liability cless of organization or the operating agreement of the limited liability contains of a member or authorized representative of a member.	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
provisi the obl to mere notified	by accept the appointment as registered agent and agree to act in this cap ions of all statutes relative to the proper and complete performance of my igutions of my position as registered agent as provided for in Chapter 603 ely reflect a change in the registered office address. I hereby confirm that d in writing of this change.	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	// Division of Corporations P.O. Box 6327 Tallaha	ssee, FL 32314

FILING FEE: \$25.00

 $1811818 \, (2/14)$